

**NC Division of Mental Health, Developmental Disabilities,
and Substance Abuse Services**

Application for Utilization Review (UR) and After-hours Screening/Triage/Referral

Applications and required accompanying information should be submitted to Dick Oliver, LME Team Leader, Community Policy Management Section, DMH/DD/SAS no later than 3/07/06

Name of Local Management Entity

Date Submitted

Submitted by: Print Name and Title

Telephone Number

Submitted by: Signature

E-Mail Address

Contact person regarding application content

E-Mail Address

| REQUIREMENTS CHECKLIST | | Check (✓) |
|--|--|--------------|
| 1. A letter of intent must have been submitted on or before 12/22/05 for a LME to participate in this RFA. | | |
| 2. On or before 3/07/06, each LME that is applying to do regional UR and after hours STR must submit a complete copy of this application that addresses each criterion listed on the following pages. The application form should identify the page number(s) in the application where information regarding each criterion is presented. | | |
| 3. On or before 3/07/06, each LME that submits an application must provide information about its status regarding divestiture of services. Per CMS, successful applicants should be substantially divested. If all services have been divested, submit a statement indicating that the LME has completely divested the service provision function. If the LME is still providing some services, the following information must be attached to the application: an organizational chart showing clear separation between service provision and service management; financial statement showing separate reporting and separate cost centers for service provision and LME functions; distinct physical location description/address of service management and service delivery functions, and a list of any services still being provided by the LME, including the number of service provision staff employed. LMEs that are still providing services should also submit an updated divestiture schedule | | |
| 4. On or before March 7, 2006 each LME that submits an application must certify that it is in compliance with DHHS policies regarding provider payment and provider endorsement. | | |

CRITERIA FOR APPROVAL TO PARTICIPATE AS A REGIONAL UM/UR/STR LME
Substantial compliance with the following criteria will be necessary for approval

Instructions: Each LME that is applying to do regional UR and after hours STR must submit appropriate material with this application that addresses each criterion listed below. Applicants should note on this form the page number(s) in their supporting material where information regarding each criterion is presented. For additional information on staff credential requirements for UR for Medicaid services, please reference the DMA RFP for a statewide vendor for more detailed guidance.

| CRITERIA | INSERT PAGE NO(S). |
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| 1.0 The LME must have a Utilization Review Plan for providing regional UR functions that addresses criteria 1.0 through 7.0. | |
| 1.1 Purpose. | |
| 1.2 Scope. | |
| 1.3 Goals. | |
| 1.4 UM/UR Function Staffing. Provide a flow chart showing the integration of functions of staff listed below who will be involved in regional UR functions for Medicaid services to be implemented by 4/1/06 and regional UM/UR functions for State funded services, including authorization of bed days at State hospitals and ADATCs, to be implemented by 7/1/06. Submit the names, vitas and copies of current licenses or certifications for Medical Director, and UR staff who will be doing UR for Medicaid services and UM/UR for state-funded services for the staff listed below. The following professional staff are required: (Note that staff for CAP-MR/DD plan approval process are specified separately in 7.0 of the application criteria.) | |
| <ul style="list-style-type: none"> • A Medical Director, one full time, holding an unencumbered NC Medical License and board certified with a specialty in Psychiatry must provide oversight and review to monitor UM decisions for consistency with state guidelines and medical necessity. | |
| <ul style="list-style-type: none"> ▪ A UM/UR manager, one full time, with a clinical background. | |
| <ul style="list-style-type: none"> ▪ A Director of Information Management Systems with data management experience in a health/mh/dd/sa care environment | |

| CRITERIA | INSERT PAGE NO(S) |
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| <ul style="list-style-type: none"> • A psychiatrist holding an unencumbered NC Medical License and board certification or eligibility in child/adolescent psychiatry who will conduct reviews of children under age 21 or for all reviews of children under age 21 that require discussions with the recipient's attending physician. | |
| <ul style="list-style-type: none"> • Mental health and substance abuse practitioners with training and expertise in the disability area they will be reviewing. College degrees in a human service field, either undergraduate or advanced, and NC licensure or certification by the State are required as relevant to the specialty of the prospective staff person. All reviews shall be performed by practitioners licensed or masters degreed practitioners in the specialties relevant to the disabilities being reviewed. Resumes of the clinical staff members who will perform utilization reviews must accompany this application. The Division of Medical Assistance will review and approve or disapprove each proposed clinical staff member. | |
| <ul style="list-style-type: none"> • The UR Department must have sufficient staff and expertise to support the functions described in the plan. If all of the planned positions needed to do regional UM/UR and after hours STR have not been filled, positions descriptions and recruitment plans must be submitted. LME must describe the method and formula used to determine the number of UR staff to complete responsibilities. | |
| <ul style="list-style-type: none"> • Special team reviews are infrequently requested by DMA or upon a problem identified by the UM department. When requested, the LME must have the ability to conduct special team reviews that must include, at minimum a Ph.D. psychologist and another licensed professional or certified practitioner in a specialty relevant to the disability of the individual for whom a special team has been requested. | |
| <p>1.5 Compliance with Notification and Recipient Appeals Process The LME certifies that it shall comply with all Medicaid requirements for notification and responsibilities during the recipient appeals process.</p> | |
| <p>1.5.1 Applicant shall demonstrate the ability to implement and conduct appeals processes related to provider services authorized under state allocated funds and those services authorized under Medicaid funds in the entire coverage area assigned to the LME.</p> | |
| <p>1.6 Any review decision that results in the denial/suspension/reduction of a service during the concurrent review/reauthorization process shall be made only after a case review by a UR psychiatrist and consultations (peer to peer) reviews between the UR psychiatrist and the primary provider. (Describe the procedure for review and sign off on all denials and other guidelines and medical necessity requirements)</p> | |

| CRITERIA | INSERT PAGE NO(S) |
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| 1.7 The LME shall have a process for notifying the consumer/responsible person and case manager concerning all decisions regarding approval, denial or requests for additional information. | |
| 1.8 The LME shall have a process for retaining copies of the completed Plan of Care review checklists provided by the DMH/DD/SAS | |
| 1.9 The LME shall have a process for maintaining an internal tracking system of all approvals, acknowledgements, and denials of services. The tracking system shall include at least the name of the person, the date that the activity requiring approval was received, the type of activity; the date of approval /denial of the activity; and the name of the authorizer. The tracking system shall also meet any additional requirements in the local approval plan | |
| 1.10 LME shall be able to institute a firewall if providing services . Describe your organizational strategy that separates the operational authority over clinical services (clinical services provided directly by the LME) from the LME management functions (administrative expense). The LME functions shall be the responsibility of a specific manager who reports to the Board or the LME Director. Similarly, the clinical services operated by the LME shall be the responsibility of a different manager reporting to the Director or Board. If the LME is still providing some services, the following information shall be described: an organizational chart showing clear separation between service provision and service management; financial statement showing separate reporting and separate cost centers for service provision and LME functions; distinct physical location description/address of service management and service delivery functions, and a list of any services still being provided by the LME, including the number of service provision staff employed. LMEs that are still providing services should also submit an updated divestiture schedule | |
| 1.11 The Applicant shall describe how the firewall is supported by your policy directives (business rules) that prohibit actions that limit consumer choice or constrain activities of other competing businesses (providers). | |

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| 2.0 Responsiveness Describe methods/process for each of the following: | |
| 2.1 The LME shall be able to demonstrate timely response to initial authorization requests (3 days) at the 95% confidence level. Describe your procedure for timely response to routine authorization requests within 3 days that result in an approved, pending, or rejected notice pursuant to a | |

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| PCP that has clearly stated outcomes, specifies community and natural supports, meets medical necessity requirements, and demonstrates care will be provided according to the state's service definitions and best practice models and protocols. Note: each authorization must include an effective date and an end date for the service authorized, the scope of the service authorized, and the frequency and duration of the service authorized | |
| 2.2 The LME shall be able to review re-authorization requests within 2 days prior to the expiration of the previous authorization. | |
| 2.3 The LME shall be able to have sufficient capacity to answer all calls within 5 rings @ 95% confidence and to return provider calls within 2 hours during regular business days. | |
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| CRITERIA | INSERT PAGE NO(S) |
| 3.0 Performance Describe methods/process for each of the following: | |
| 3.1 The LME shall have and describe the staff and the procedures for improving provider performance in UR and to have a training plan on UM/UR processes for providers. | |
| 3.2 The LME shall conduct an assessment of client and provider satisfaction with the UM/UR process at least annually and address identified sources of dissatisfaction. | |
| 3.3 The LME shall have a staff representative to deal with provider complaints and problems during working hours and shall maintain a log of all calls and a process for resolving such issues. Information provided should identify the staff position responsible for this activity and describe the relationship/link with UM/UR functions. | |
| 3.4 The LME shall have a staff person assigned to coordinate UR efforts with the DMA and with other LMEs for whom the LME is performing the UR function. Identify the professional who will be responsible. | |
| 4.0 The LME shall be able to demonstrate UR responsibility for all services in its area of responsibility except: for the following Medicaid responsibilities: | |

Utilization Review for Mental Health and Substance Abuse Services

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| <ul style="list-style-type: none"> • Admission & concurrent review for inpatient hospital • PRTF • Criterion 5 • Out of state services • Retrospective reviews for services delivered prior to establishment of Medicaid eligibility • Post payment reviews for services already reimbursed to the provider • Quality assurance monitoring reviews | |
| <p>4.1 The LME shall accurately interpret and apply the UR guidelines for State and State-allocated federal funds developed by each LME for whom it has UR responsibility and report on UR activity for State funds to the other LMEs which it serves on at least a weekly basis.</p> | |
| CRITERIA | INSERT PAGE NO(S) |
| <p>5.0 Receipt, transmission, and maintenance of documents and data Describe the information technology and process to carry out each of the following:</p> | |
| <p>5.1 The LME shall have the ability to process, submit and receive by fax, trackable mail or electronic submission the written reports and notices regarding requests and review information.</p> | |
| <p>5.2 The LME shall transmit information to each local LME in its UR coverage area each week about all authorizations for services requiring State dollar funding.</p> | |
| <p>5.3 The LME shall be able to receive and submit authorizations for Medicaid services via the DMA data system. The LME shall be able to receive and submit authorizations for State funded services via IPRS or other DMH/DD/SAS data system.</p> | |
| <p>5.4 The LME shall submit annual, quarterly and monthly reports to the DMA as specified including varying comparative analyses by service code, diagnosis, denials, authorizations, response time and appeals.</p> | |
| <p>5.5 The LME shall comply with requests for information related to post payment and quarterly reviews from the state vendor.</p> | |

Utilization Review for Mental Health and Substance Abuse Services

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| <p>5.6. The LME shall attend quarterly advisory committee meetings to present and discuss Utilization Review trends and data from the previous quarter.</p> | | | | | | | | | |
| <p>5.7 The LME UM/UR Department shall maintain records, reports and supporting documentation of authorizations, denials, appeals, and reviews pursuant to record retention requirements</p> | | | | | | | | | |
| <table border="1"> <tr> <td data-bbox="89 478 1242 627"> <p>5.8 The LME shall be able to accurately produce as specified (via automated process) the PA file (HMKY9051) to Fiscal Agent via pass through the state MHUR vendor,</p> </td><td data-bbox="1242 478 1453 1331" rowspan="7"></td></tr> <tr> <td data-bbox="89 627 1242 777"> <p>5.9 The LME shall discuss how the coupling of HIPAA standards and their automated system will protect against the unauthorized entry/modification of client personal data, and unauthorized access into the application that produces authorizations.</p> </td></tr> <tr> <td data-bbox="89 777 1242 888"> <p>5.10 The LME shall discuss (at least a conceptual plan) their intention to handle notifying the sender of an authorization request of an error that occurred during transmission.</p> </td></tr> <tr> <td data-bbox="89 888 1242 1037"> <p>5.11 The LME shall discuss (at least a conceptual plan) their intention to handle (based upon an error report from state MHUR vendor/fiscal agent) any incorrect/incomplete transmissions of PA data to state MHUR vendor/fiscal agent. Discussion should include internal “workflow”.</p> </td></tr> <tr> <td data-bbox="89 1037 1242 1108"> <p>5.12 The LME shall address the process (high level) of converting hardcopy authorization request (data) into an electronic record.</p> </td></tr> <tr> <td data-bbox="89 1108 1242 1220"> <p>5.13 The LME shall outline a backup/restore (disaster recovery) procedure that is tested (on a scheduled frequency), evaluated, updated as necessary, and documented.</p> </td></tr> <tr> <td data-bbox="89 1220 1242 1331"> <p>5.14 The LME shall discuss (at least a conceptual plan) the means by which they will securely transmit PA data to state MHUR vendor/fiscal agent.</p> </td></tr> </table> | <p>5.8 The LME shall be able to accurately produce as specified (via automated process) the PA file (HMKY9051) to Fiscal Agent via pass through the state MHUR vendor,</p> | | <p>5.9 The LME shall discuss how the coupling of HIPAA standards and their automated system will protect against the unauthorized entry/modification of client personal data, and unauthorized access into the application that produces authorizations.</p> | <p>5.10 The LME shall discuss (at least a conceptual plan) their intention to handle notifying the sender of an authorization request of an error that occurred during transmission.</p> | <p>5.11 The LME shall discuss (at least a conceptual plan) their intention to handle (based upon an error report from state MHUR vendor/fiscal agent) any incorrect/incomplete transmissions of PA data to state MHUR vendor/fiscal agent. Discussion should include internal “workflow”.</p> | <p>5.12 The LME shall address the process (high level) of converting hardcopy authorization request (data) into an electronic record.</p> | <p>5.13 The LME shall outline a backup/restore (disaster recovery) procedure that is tested (on a scheduled frequency), evaluated, updated as necessary, and documented.</p> | <p>5.14 The LME shall discuss (at least a conceptual plan) the means by which they will securely transmit PA data to state MHUR vendor/fiscal agent.</p> | |
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| 6.0 Experience doing Utilization Review | |
| <ul style="list-style-type: none"> Priority consideration will be given to LMEs that have been performing utilization review for at least 6 months prior to this application. The LME shall provide a brief summary of the policies and processes that are currently being used and shall demonstrate the ability to submit approved Medicaid authorizations to the state. (See attachment for additional information about information system requirements for processing and transmitting authorizations and submit a prior Approval file based on the attached file layout.) | |

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| 7.0 Utilization review for CAP-MR/DD Plan Approval Describe methods/process for each of the following based on the CAP-MR/DD manual: | |
| <p>7.1 The LME shall maintain sufficient staff and expertise to support the approval activities for all of the LMEs for which it has UR responsibility. The approvers must have at least a Bachelors degree in human services and a minimum of two years experience with the developmental disabilities population. In addition, the LME must ensure that individuals providing approval for CAP-MR/DD services minimally demonstrate competency in at least the following areas:</p> <ul style="list-style-type: none"> -a. .person centered planning -b. authorization of specific waiver services -c. application of standardized, statewide utilization review guidelines and process established by the Division of MH/DD/SAS, and approved by the Division of Medical Assistance | |

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| 7.2 The LME shall have a process for submission of the MR-2 and accompanying documentation to Murdoch Center clinical staff for determination of ICF-MR level of care. | |
| 7.3 The LME shall adhere to timelines for completion of each approval activity, inclusive of initial Plans of Care, Continued Need Reviews, and Cost Revisions. Maximum timeframes for review of activities include fifteen working days for initial Plans of Care, continued need reviews and cost revisions. | |

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| <p>7.4 The LME shall have a process for notifying the CAP-MR/DD consumer/responsible person and case manager concerning all decisions regarding approval, denial or requests for additional information</p> | |
| <p>7.5 The LME shall have a process for retaining copies of the completed CAP-MR/DD Plan of Care review checklists provided by the DMH/DD/SAS.</p> | |
| <p>7.6 The LME shall have a process for maintaining an internal tracking system for CAP-MR/DD of all approvals, acknowledgements, and denials of Plans of Care. The tracking system shall include at least the name of the person, the date that the activity requiring approval was received; the type of activity; the date of approval /denial of the activity; and the name of the authorizer. The tracking system shall also meet any additional requirements in the approval plan</p> | |
| <p>7.7 The LME shall have a process for second level review of Plans of Care initially approved by the approver in excess of \$50,000. Second level reviews shall have at least a Bachelors Level degree in human services and a minimum of five years experience or a Masters Level degree with a minimum of two years experience, with the developmental disabilities population. Identify the professional(s) who will perform this second level review.</p> | |
| <p>7.8 The LME shall have a process for submitting for review by the Division of MH/DD/SAS CAP-MR/DD Plans of Care approved at the first and second level review that project annual cost of \$85,000 or greater.</p> | |
| <p>7.9 The LME shall have a process for updating the approval plan as needed based on changes in policy by DMA or DMH/DD/SAS. Changes to approval plans will be monitored and reviewed by the Accountability Team during bi-annual monitoring of approval and/or annual audits</p> | |

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| Screening, Triage, and Referral Describe methods/process for Criteria 8-11. | |
| 8.0 Telephonic Access. The LME shall have a process for Screening, Triage, & Referral for all after hours (nights and weekends) that is available to people living in the catchment area(s) for which it is responsible. | |
| 8.1 The LME shall have a toll free access line that is available to the public in all of the catchment areas for which it is responsible. <ul style="list-style-type: none"> ▪ The toll free line shall be staffed by trained personnel 24/7/365 ▪ The toll free line shall be TTY capable and available for persons who have a hearing impairment, and foreign language interpretation. ▪ The LME shall have a plan for how the existence of the toll free access line will be made known throughout the catchment area(s) for which it is responsible. | |
| 8.2 The access line of the LME shall be available 24 hours a day 365 days a year. | |
| 8.3 Staff performing the screening, triage, and referral service shall be qualified professionals as defined in 10A NCAC 27G .0104(18). Submit the names, vitas and copies of current North Carolina licenses or certifications, for all staff performing STR functions. If all of the planned positions needed to do STR have not been filled, position descriptions and recruitment plans must be submitted. | |
| 8.4 These staff shall be supervised by a masters level clinician. | |
| NOTE: Face to Face STR: Each LME shall provide face to face STR availability for their local catchment area from 8:00 am to 5:00 pm Monday through Friday (except holidays) | |
| 9.0 Screening_ Screening involves a brief interview designed to first determine the presence and nature of an individual's need for MH/DD/SA needs. | |

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| 9.1 All calls shall be answered within 30 seconds or 5 rings whichever is less | |
| 9.2 Standard screening elements shall be used until such time as a standard screening form is developed by DMH/DD/SAS | |
| 9.3 A log of all calls shall be maintained that includes basic identifying information about all callers, referral source, type and time of call, assessment of risk and referral or other disposition. | |
| 10.0 Triage and referral | |
| 10.1 Emergent. If the call appears to be emergent, the call is immediately transferred to a crisis service provider in the catchment area from where the call originated for telephonic clinical triage. The screener remains on the line to make a warm transfer until the crisis service provider has engaged the caller. Describe the arrangements that are or will be in place to carry out these calls. | |
| <p>10.2 Urgent. If the call is urgent, requiring MH/DD/SA services within the next 48 hours,</p> <ul style="list-style-type: none"> • The LME screener shall offer the caller a choice of providers available to provide services within 48 hours. The screener will schedule the appointment for the caller. • In the event that an appointment cannot occur within the next 48 hours, the LME will follow the procedures outlined above in 10.1 for emergency calls. The provider contacted will conduct an assessment to determine if the caller can wait more than 48 hours for service. • | |
| 10.3 Routine. If the call indicates a need for routine service, the LME will offer the caller a list of appropriate providers and will schedule an appointment for the caller with an appropriate provider of the caller's choice to see the caller within 7 calendar days. . | |

| CRITERIA | INSERT PAGE NO(S) |
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| 11. Communication between regional after hours STR LME and callers' local LME | |
| <p>11.1 The LME shall be responsible for communicating with the other LMEs for which it provides STR functions regarding all calls received from people in the local LME" catchment area.</p> <ul style="list-style-type: none"> • By 9 a.m of the next business day, the LME shall report to a designated individual in each LME for which it is responsible for telephonic STE functions the activity for persons in each catchment area. This reporting shall include: <ul style="list-style-type: none"> • Information on the number of calls – broken down by no MH/DD/SA issue, emergent, urgent and routine MH/DD/SA issue • The names of individuals referred for crisis services and the crisis service provider(s) to which they were referred. • The names of individuals for whom appointments wer scheduled and the name of the provider with which each individual has a scheduled appointment. • The local LME shall be responsible for following up regarding the caller's status with the local service provider regarding whether scheduled appointments have been kept, to provide care management, and to communicate with the local "clinical home" provider if the caller is already receiving services from a provider in the local LME. | |
| <p>11.2 There shall be a formal agreement between the local LMEs and the LME responsible for after hours STR regarding policies and protocols for specifically how the STR functions will be carried out and ensuring that all callers' receive service that is responsive to their individual request/need in a timely manner, without duplication of effort</p> | |

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| <p>12. Cost Proposal: The LME shall submit with this application the cost proposal for performing these functions for the LMEs included in their proposed alliance/partnership/region. The cost proposal shall include detailed cost by budgetary line item (personnel cost, supplies, equipment, etc.) and for each function separately (UR for Medicaid, UM for State funds, STR functions.) If the LME anticipates the need for any start-up or one-time costs, the cost proposal must include those costs clearly marked as non-recurring expenses. The Divisions reserve the right to negotiate costs when all cost proposals within the same alliance area are above the cost</p> | |
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Utilization Review for Mental Health and Substance Abuse Services

in the following table.

The Cost Proposal should not exceed the amounts listed by alliance area in the following table.

| Alliance | Active Caseload: July 2005 | Medicaid Eligibles: December 2005 | Maximum Bid for UR/STR Functions |
|-----------------------------|-----------------------------------|--|---|
| Cumberland | 4,571 | 55,731 | |
| Johnston | 3,418 | 25,409 | |
| Southeastern Regional | 10,446 | 82,361 | |
| Southeastern Center | 6,520 | 51,716 | |
| Onslow-Carteret* | 5,077 | 29,710 | |
| Total | 30,032 | 244,927 | 4,200,000 |
| Smoky | 8,933 | 35,774 | |
| New River | 4,850 | 27,924 | |
| Total Population | 13,783 | 63,698 | 1,280,000 |
| Mecklenburg | 40,828 | 116,273 | |
| Pathways | 9,652 | 71,695 | |
| Total Population | 50,480 | 187,968 | 4,000,000 |
| Guilford | 14,191 | 69,422 | |
| Centerpoint | 12,565 | 62,268 | |
| Total Population | 26,756 | 131,690 | 3,000,000 |
| Neuse * | 4,425 | 21,233 | |
| Eastpointe | 9,699 | 69,191 | |
| Pitt | 4,012 | 27,315 | |
| ENWG | 13,515 | 59,242 | |
| Roanoke-Chowan | 4,134 | 22,766 | |
| Total Population | 35,785 | 199,747 | 3,000,000 |
| Durham | 5,285 | 36,865 | |
| Five County | 8,101 | 58,783 | |
| OPC | 6,167 | 25,315 | |
| Alamance-Caswell/Rockingham | 8,142 | 45,617 | |
| Total Population | 27,695 | 166,580 | 3,300,000 |
| Albemarle | 3,133 | 22,099 | |
| Tideland | 5,654 | 24,541 | |
| Total Population | 8,787 | 46,640 | 800,000 |
| Crossroads | 4,793 | 40,638 | |
| Foothills | 4,994 | 45,545 | |
| Catawba | 2,910 | 24,220 | |
| Total Population | 12,697 | 110,403 | 2,900,000** |

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| <p>13. The LME shall comply with the terms, conditions and duties as described in Attachment 1, Excerpt from RFP DMA 193-06 attached to this RFA. Please note that the appendices have been updated with new citations.</p> | |
| <p>13.1 Medicaid Services to be covered by UR RFA</p> <p>Medicaid</p> <ul style="list-style-type: none"> Enhanced Benefit Services for Mental Health and Substance Abuse that are covered by Medicaid that include new or modified services published on the DMH/DD/SAS website http://www.dhhs.state.nc.us/mhddsas/servicedefinitions/servicedefinitions1-31-06update.pdf Also includes Child Residential services http://www.dhhs.state.nc.us/dma/bh/8D2.pdf and Outpatient Opioid Treatment that is licensed under 10A NCAC 27G Section .3600 <p>Medicaid CAP MR/DD</p> <ul style="list-style-type: none"> Services published on the DMH/DD/SAS website http://www.dhhs.state.nc.us/mhddsas/developmentaldisabilities/operations/index.htm <p>Services supported with DMH/DD/SAS State appropriated funds</p> <ul style="list-style-type: none"> See attached State Plan IPRS Covered Services | |
| | |
| <p>14. See attached tables 1 through 5 for services covered with State funds.</p> | |

Attachment 1 to RFA

Excerpt from Request for Proposals from DMA

The following terms and conditions shall be performed by the Local Management Entity:

STATE OF NORTH CAROLINA

REQUEST FOR PROPOSALS

RFP 30-DMA193-06

TITLE: Utilization Review Service

USING AGENCY: NC Department of Health and Human Services
Division of Medical Assistance

ISSUING AGENCY: NC Department of Health and Human Services
Office of Procurement and Contract Services

ISSUE DATE: June 16, 2005

1.0 INTRODUCTION, BACKGROUND and DEFINITIONS

1.4 Definitions

ASAM – American Society of Addiction Medicine

Appropriate Services – Services deemed appropriate for authorization are those services which meet the criteria for medical necessity.

CAP/MR – Community Alternatives Program for Mental Retardation

CON – Certificate of Need

Concurrent Review – Review to monitor medical necessity of services while they are being delivered. After the Contractor has authorized a service, concurrent review follows the treatment as it is occurring and makes determinations about the medical necessity of continued care.

Consumer – An individual child or adult who receives outpatient mental health, developmental disability or substance services.

Criterion 5 - Criteria #5 as stated in NCAC 220 0.0113, non-acute hospital service used as a transition service when, and only when, the recipient is ready for discharge and there is a clear absence of appropriate community-based services for the recipient to return to.

CSHCN – Children with Special Health Care Needs

CPT – (Physician's) Current Procedural Terminology Codes. Nationally standardized service definitions coded by the American Medical association.

CMS – Centers for Medicaid and Medicare Services

C&Y – Children's and Youth Branch within WCHS, lead responsibility for managing services for children with special needs who are enrolled in the NC Health Choice Program for Children, the State's Child Health Insurance Program

DHHS – Department of Health and Human Services

DIRM – the DHHS Division of Information Resource Management

DMA – Division of Medical Assistance

DMH/DD/SAS - Division of Mental Health/Developmental Disabilities/Substance Abuse Service

DPH – Division of Public Health

"Hands On" – Clinical staff with the appropriate credentials must personally review each prior approval request. Automated approval without review by clinical staff is not acceptable.

HCFA – Health Care Financing Administration

HCPC – HCFA Common Procedural Coding System. National codes assigned to the previously used State created codes which are used for counseling and rehab option services.

HIPAA – Health Insurance Portability and Accountability Act of 1996

LME – Local Management Entity

Medically Necessary – see section 3.1

NABLE – North Carolina Access Browser Lookup Environment

Piedmont Catchment Area - Cabarrus, Davidson, Rowan, Stanly and Union counties

Person Centered Plan – The Division does not have a standard format for a person centered plan at this time, however it is a document that captures the services and natural supports required to meet the recipient's needs. Medical Necessity for each of the services contained in the person centered plan can be found within each of the service definitions in Appendix B. Not all services in the person centered plan will be eligible for Medicaid reimbursement.

Protected Health Information – The same meaning as protected health information in 45 CFR 160.103, limited to the information created or received by the Contractor from or on behalf of the Division.

PRTF – Psychiatric Residential Treatment Facility

Post Payment Review – Review of the appropriateness and quality of service after the service has been delivered. At the discretion and direction of DMA, these reviews are based upon a sample of all persons who received the service, all persons who received an individual service, or when DMA determines that a post payment review is appropriate.

PI – DMA Program Integrity

Prior Authorization – The process undertaken by the Contractor for the purpose of determining the appropriateness of a service for an individual before the service is delivered. Prior authorization is required for some services before the State can subsequently reimburse the billing provider for the service.

QMB – Qualified Medicare Beneficiary

Quality Assurance Monitoring - Review of all Medicaid covered services (excluding those services covered by Post payment review or other PI review as addressed in 1.1.4 and 1.1.5 of this RFP) to ensure the application of criteria is consistent across all reviews and the appropriate service and quality of care has been delivered.

RFP – Request for Proposal

Representative – For the purpose of an appeal of an authorization decision, the consumer may designate an individual to represent him/her in the process of appeal. This individual need not be a court-appointed guardian, and may be anyone whom the individual duly designates to represent him/her in the appeals process.

Retrospective Review – Reviews done after the service was rendered as a result of retroactive Medicaid eligibility when the service has been provided before the client is determined to be Medicaid eligible.

Service Provider – The entity that is enrolled by DMA to provide medically necessary Medicaid service.

Special Team Review – Monitoring reviews on-site requested by the State to evaluate the needs of an individual or to monitor a program facility.

State – North Carolina

State Business Day – Monday through Friday, 8:00 am through 5:00 pm, Eastern Standard Time with the exception of State Holidays as defined by the Office of State Personnel.

SEHP – State Employees Health Plan

Treatment Plan – A person centered service plan, based on a comprehensive assessment, developed in partnership with an individual (or in the case of a child, the child's family) which outlines all services to be provided to an individual, including any Medicaid/non-hospital services. The general content and direction of the Treatment Plan must be considered in decision-making regarding authorizations of the individual's service.

UR – Utilization Review

WCHS – Women's and Children's Health Section, the State's Title V agency within DPH

3.0 SCOPE OF WORK, DMA

The purpose of the Scope of Work section of this RFP is to outline the requirements, the special instructions, and the responsibilities of both the successful Offeror, hereinafter referred to as "Contractor," and the Division of Medical Assistance, hereinafter referred to as the "Division," in the performance of the Contract. After Contract award, the Contractor shall meet with the Division to discuss the proposed work plan, transition from the existing Contractor to the new Contractor, timeframes and potential concerns.

The Contractor shall establish a Utilization Review System that shall authorize the following:

3.2 Tier I

For LMEs other than Piedmont, who are approved for utilization review functions, the Contractor shall receive utilization review results from the LMEs via fax, paper and electronic transmissions and transfer it to the Fiscal Agent as a pass through activity. The Contractor shall create a system for capturing data from the LMEs into the Contractor's database for transmission to the Fiscal Agent and reporting back to the Division.

3.4 ***Medical Necessity Criteria***

The Contractor shall follow the criteria included in the definitions in Appendices A, B, C, and D., to determine appropriateness of the following services for eligible populations:

- 3.4.3 The definitions for residential services;
- 3.4.4 The definitions for all clinic based services, and
- 3.4.5 The definitions for all rehab option services.

Medicaid Eligibility will be assumed by the Contractor.

3.5 ***Medical Necessity***

3.5.1 *Medically necessary treatment shall be defined as those procedures, products and services that are provided to Medicaid recipients (excluding Qualified Medicare Beneficiaries) and are:*

- 3.5.1.1 Necessary and appropriate for the prevention, diagnosis, palliative, curative, or restorative treatment of a mental health or substance abuse condition;
- 3.5.1.2 Consistent with Medicaid policies and National or evidence based standards, N.C. Department of Health and Human Services defined standards, verified by independent clinical experts at the time the procedures, products and the services are provided;
- 3.5.1.3 Provided in the most cost effective, least restrictive environment that is consistent with clinical standards of care;
- 3.5.1.4 Not provided solely for the convenience of the recipient, recipient's family, custodian or provider;
- 3.5.1.5 Not for experimental, investigational, unproven or solely cosmetic purposes;
- 3.5.1.6 Furnished by or under the supervision of a practitioner licensed (as relevant) under State law in the specialty for which they are providing service and in accordance with 42 CFR, the Medicaid State Plan, the North Carolina Administrative Code, Medicaid medical coverage policies, and other applicable Federal and state directives;
- 3.5.1.7 Sufficient in amount, duration and scope to reasonably achieve their purpose, and
- 3.5.1.8 Reasonably related to the diagnosis for which they are prescribed regarding type, intensity, duration of service and setting of treatment.

3.5.2 Medically necessary treatment shall:

- 3.5.2.1 Be provided in accordance with a person centered service plan which is based upon a comprehensive assessment, and developed in partnership with the individual (or in the case of a child, the child and the child's family or legal guardian) and the community team;
- 3.5.2.2 Conform with any advanced medical directive the individual has prepared;
- 3.5.2.3 Respond to the unique needs of linguistic and cultural minorities and furnished in a culturally relevant manner; and
- 3.5.2.4 Prevent the need for involuntary treatment or institutionalization.

3.6 Authorization Process

3.6.1 The Contractor shall authorize all Medicaid-reimbursable mental health, substance abuse, and developmental disabilities services listed in attached Appendixes A, B, C, and D. Reviews shall be performed by onsite clinical staff, as defined in 3.13. All licensable clinical staff shall be licensed by the State of North Carolina.

3.6.2 The service provider shall be responsible for initiating the authorization process.

3.6.3 Providers shall submit the following information to the Contractor on forms developed by the Contractor and approved by the Division:

- 3.6.3.1 Person Centered Service Plan for individuals in the target population receiving rehab option services if available or Preliminary Treatment Plan for outpatient services.
- 3.6.3.2 CON for hospital/PRTF admission for the under twenty one (21) population in free standing psychiatric facilities.
- 3.6.3.3 Medicaid Identification Number, and date of Medicaid application, if eligibility has yet to be determined.
- 3.6.3.4 Diagnosis (DSM-IV, Axis I-V).
- 3.6.3.5 Date of initial assessment and/or subsequent assessments prior to referral.
- 3.6.3.6 History of previous treatment, including treatment response and dates of most recent hospitalization (if applicable).
- 3.6.3.7 Reason/need for initial or continued treatment.
- 3.6.3.8 Extent of danger to self or others.
- 3.6.3.9 Substance abuse history, including types and amounts of substances abused, and the dates of initial use and most recent use, withdrawal symptoms and vital signs from assessment.
- 3.6.3.10 Medical problems, including medical history and medical problems that may exacerbate psychiatric symptoms or substance abuse problems.
- 3.6.3.11 Medications that are currently prescribed, including their dosages. Medications to which the individual has experienced adverse reactions should also be submitted.
- 3.6.3.12 Primary Care Physician, (attending/referring physician) name and provider number.
- 3.6.3.13 Demographic information.
- 3.6.3.14 Information on custody/guardianship.

3.6.4

Upon the receipt of the information required for authorization, the Contractor shall submit a written report containing the notification of findings by FAX, track able mail, or secure electronic submission to the provider communicating one (1) of the following decisions:

- 3.6.4.1 The requested service is medically necessary and will be approved. The parameters of this authorization (such as the number of units of the service that is authorized and the time period in which it must be delivered) shall be specified in this report. See section 3.13.5.
- 3.6.4.2 The requested service is denied, and the reasons for the denial. The Contractor may deny services that would be ineffective or for which there is a more cost-effective alternative that otherwise satisfies the standards for medically necessary services. See section 3.5 and 3.13.6.

Additional information may be requested prior to the issuance of a denial, however if no response is provided within ten (10) business days following the issuance of the request, the Contractor shall make a decision based on the information available.

- 3.6.4.3 A recommendation for a more appropriate service may be made and if acceptable to the provider an authorization number may be assigned for that service.

The Contractor shall submit its written report and decision to the Provider by fax, track able mail, or secure electronic submission by the end of the business day next following the day on which the Contractor received the authorization request for acute inpatient services.

In an emergency, an immediate response (within four (4) hours) is expected in a manner that is convenient and accessible to the provider (3.13.1 through 3.13.4).

For outpatient services, notification shall be provided within five (5) business days of receipt of the complete request package.

3.6.5 Adverse Determinations

In all cases in which an authorization request is denied, the Contractor shall notify the individual and his/her guardian (if any) by certified mail, return receipt requested; the provider by certified mail; and the Division by regular mail or courier. When giving notice to the individual and his/her guardian, the Contractor shall use the Department's standardized adverse determination letter and shall provide an explanation of the individual's appeal rights and a statement of the manner in which the individual may appeal the adverse determination. An appeal request form shall be included in the letter to the recipient or guardian.

3.7 **Concurrent Review Procedures**

The Contractor shall submit a detailed proposal concerning how concurrent reviews will be accomplished, taking into consideration the following parameters:

Services shall be reviewed at least two (2) State business days prior to the expiration of the previous authorization. The purpose of these concurrent reviews will be to establish if the authorized service continues to be appropriate at the current level and if not, what alternative services are to be considered. The Contractor shall review services to assure the least restrictive and most cost-effective service option which appropriately addresses the need for which the original service was authorized, is being utilized.

These reviews shall be summarized and communicated to the Division in a monthly report (see section 3.13). Recommendations should accompany the communication, when appropriate.

3.8 **Recipient Appeals Process**

The following is a list of options available to the individual who wishes to appeal the authorization decision of the Contractor. These may be followed in order, or the individual has the right at any point to exercise either Option 1 (*Informal Hearing*) or Option 2 (*Contested Case Hearing*).

3.8.1 **Initial or Concurrent Review**

3.8.1.1 **Informal Hearing**

The individual recipient, legal guardian or guardian ad litem or the individual's representative shall have the right to request a Reconsideration Review by the Division if they disagree with the adverse determination made by the Contractor. This request must be submitted in writing to the Division Hearing Office within eleven (11) days of the date of the notification letter. Established

Rules for appeals shall be followed. The decision cannot be appealed if the request is not submitted within this time frame.

3.8.1.2 Contested Case Hearing

The individual recipient, legal guardian or guardian ad litem or the individual's representative shall also have the right to appeal to the Office of Administrative Hearings (OAH). This request must be submitted in writing to OAH within sixty (60) days of receipt of the Reconsideration Decision Letter or an adverse determination letter. The decision cannot be appealed if the request is not submitted within this time frame.

3.8.2 Responsibilities of Contractor

3.8.2.1 The Contractor shall provide all relevant documentation which includes but is not limited to: all pertinent medical records to substantiate a decision to deny services; provider records of prior and concurrent treatment; any contractor records; and a written narrative of the Contractor's reasons to deny services to an individual. The Division will fax the request for an informal appeal to the Contractor.

3.8.2.2 One (1) copy of this information shall be sent to the State Agency hearing officer one (1) week prior to a scheduled hearing. The Division will notify the Contractor of scheduled hearings. At the request of the Division, a qualified Contractor representative (a child/adolescent psychiatrist if the recipient is under twenty-one (21) or an adult psychiatrist if over twenty-one (21)) shall be physically present and prepared to testify at the Informal Hearing. Absent a request for a psychiatrist's presence at hearing, the Contractor must have a professional specializing in the MH/SA/DD disability of the individual being reviewed available by telephone to present the Division's position at hearings. If requested, other qualified staff members must be available for reviews, interviews and testimony for hearings. A physician and other appropriate staff must be physically present for OAH Hearings or other litigation proceedings as requested by the Division.

3.8.2.3 Maintenance of Service (Responsibility for Services During Appeal (CFR 42 431.230))

If a hearing is requested prior to the date of termination, the authorization for service/units may not be terminated nor reduced until after the hearing unless it is determined at the hearing that the sole issue is one of Federal or State law or policy; and the agency promptly informs the recipient in writing that services are to be terminated or reduced pending the hearing decision.

If the agency's action is sustained by the hearing decision, the agency may institute recovery procedures against the applicant or recipient to recoup the cost of any services furnished the recipient, to the extent they were furnished solely by reason of this action.

3.11 Special Team Reviews

Special team reviews are infrequently used by the Division, only two (2) have been performed in the past three (3) years.

- 3.11.1** Upon prior request and authorization by the Division, the Contractor shall perform an on-site special team evaluation.
- 3.11.2** These monitoring reviews will be conducted for various reasons. A review may be requested to evaluate the needs of an individual, or to monitor a program within a facility.
- 3.11.3** The two-member Contractor on-site team shall include, at minimum, a clinical psychologist and a second professional representing the disability of the individual whose needs are being evaluated, or a professional representing the disability of the individuals served by a program being monitored. Additional professional team members will be used as needed to effectively represent the multiple needs of an individual, or the multiple services provided by a program.
- 3.11.4** Written results of the visit shall be communicated to the Division within ten (10) working days of the completion of the review.

3.12 Provider Assistance

The Contractor shall furnish a contract staff representative who will deal with the provider complaints and problems. This person(s) must be readily available during working hours to receive calls and take action to solve the problems. The provider representative shall maintain a log of calls received that will be submitted to the Division upon request. This log shall at a minimum contain the following information:

- 3.12.1 Name of provider agency,
- 3.12.2 Name of caller,
- 3.12.3 Date and time of call,
- 3.12.4 Date and time of Contractor response,
- 3.12.5 Nature of the problem/complaint,
- 3.12.6 Resolution of the problem/complaint, and
- 3.12.7 Date and time of the resolution

3.13 Staffing

3.13.1 The Contractor shall employ at a minimum, the following professional staff:

- 3.13.1.1 A Medical Director (1 FTE) holding an unencumbered NC Medical License and board certified with a specialty in Psychiatry.
- 3.13.1.2 A Contract Manager (1 FTE) with a clinical background.
- 3.13.1.3 A Director of Information Management Systems with a minimum of two (2) years experience in data management in a large health care contract environment which, at a minimum, covers one hundred thousand (100,000) lives.
- 3.13.1.4 A Special Team Review comprised of a Ph.D. Psychologist and a professional licensed or certified practitioner in a specialty relevant to the disability of the individual for whom services are being reviewed. See also section 3.13.2.
- 3.13.1.5 A Psychiatrist holding an unencumbered NC Medical License and board certification or eligibility in child/adolescent psychiatry who will conduct reviews of children under age twenty one (21), or for all reviews which require discussions between the Contractor's Psychiatrist and the attending physician.
- 3.13.1.6 Mental health and substance abuse practitioners with training and expertise in the disability area they will be reviewing. College degrees in the human service field, either undergraduate or advanced, and NC licensure or certification by the State are required as relevant to the specialty of the prospective staff person.
- 3.13.1.7 Staff who review authorization requests for individuals with co-occurring disabilities shall have an advanced degree in the human service field relevant to at least one (1) of the disabilities and at least two (2) years experience working with people with the co-occurring disabilities for which authorization requests are being submitted.

3.13.2 All reviews shall be performed by practitioners licensed or certified (as relevant) in the specialties relevant to the disabilities being reviewed. For mental health substance abuse reviews, Licensed Psychologists, Licensed Psychological Associates, Licensed Professional Counselors, Licensed marriage and Family Therapists, Licensed Clinical Social Workers, Nurse Practitioners who are certified as an Advanced Practice Psychiatric Nurse Practitioner, Certified Clinical Nurse Specialists in Psychiatric Mental Health advance practice, Certified Clinical Supervisors and Certified Clinical Addictions Specialists. An RN must perform all post payment reviews. Denials based upon the absence of medical necessity must be made by a physician as specified in section 3.6 of this RFP.

3.13.3 Proposals shall contain the resumes of the clinical staff members who will perform utilization reviews. The Division will review and approve or disapprove each proposed clinical staff member prior to 12/1/2005.

- 3.13.4 Additionally, the Contractor shall detail the numbers of different professional staff that will be used to carry out the performance standards of this contract. The professional who will be assigned the responsibility for operational performance under this contract will be specified together with his/her resume. The psychiatrists who will be assigned to this contract and who will actually make the medical decisions must be specified and resumes' included. The Division will review and approve or disapprove of each proposed staff member prior to the initiation of the contract.
- 3.13.5 Any review decision that results in the denial of a service during the concurrent review process shall be made only after case review by the Contractor's psychiatrists and consultations (peer to peer reviews) between the Contractor's psychiatrists and the primary provider. Furthermore, the Contractor's psychiatrists shall be a child/adolescent psychiatrist if the recipient is under twenty-one (21).
- 3.13.6 The Contractor shall provide the Division with the following information so that the Division can verify credentials of the clinical staff according to NCQA standards:
 - 3.13.6.1 NC Licensure by the appropriate board or other licensing body;
 - 3.13.6.2 Hospital privileges of practitioner or individual or group providing hospital coverage, if applicable;
 - 3.13.6.3 Liability coverage in the amount required for participation;
 - 3.13.6.4 Valid DEA or CDS certificate, as applicable;
 - 3.13.6.5 Board certification or eligibility, if the practitioner states that he/she is board certified or eligible on the application;
 - 3.13.6.6 Malpractice and sanction history;
 - 3.13.6.7 Review of criminal background check for providers, owners and affiliates with five percent (5%) or more ownership; and
 - 3.13.6.8 Assurance that provider is not excluded from participation by Medicare or the OIG.

3.14 Requirements for Data Collection and Reporting

3.14.1 Data Collection

***** LEAs must collect this information even though it is not passed through the statewide UR vendor.**

Information obtained in each paper, telephone, and electronic review performed by the Contractor shall be documented by the reviewer and entered into the Contractor's database. It shall be the responsibility of the reviewer of record to complete the required data elements before a review is completed and a recommendation made to the Division. Data elements to be collected at the time of review include:

- 3.14.1.1 Status of abstinence from Drug/Alcohol use for Substance Abuse Treatment clinics,
- 3.14.1.2 Status of mental illness symptomatology of all clients,
- 3.14.1.3 Status of employment or return to/stay in school of all clients,
- 3.14.1.4 Status of criminal justice involvement of all clients,
- 3.14.1.5 Status of stability in family/living conditions of all clients, and
- 3.14.1.6 Status of social supports/connective ness of all clients.

Compliance shall be audited quarterly by the Contractor's director of Information Management Systems. All results of internal audits shall be submitted to the Division on an annual basis. These audits must minimally address issues listed in 3.16 Performance Standards as well as internal continuous quality control measures adopted by the Contractor.

For the services that are approved as medically necessary, the Contractor shall send its review determination (prior approval) to the Division's Fiscal Agent in a format specified by the Fiscal Agent.

On an annual basis, a random sample will be selected by the Division as stated in Section 3.16, Performance Measures.

These samples shall be provided to the Division in Microsoft Access or Excel format.

3.15 Quality Assurance

3.15.1 Credentialing

The Contractor shall obtain and keep on file all relevant licenses and certifications of its practitioners. The Contractor shall assure licenses and certifications are up to date. If the status of the Contractor's practitioner's changes during the contract term, including loss of license or censure, the Contractor shall immediately suspend the employees review functions until the reinstatement of the license in good standing and inform the Division's contract administrator.

3.15.2 Medical Malpractice/Liability Insurance

During the term of the Contract, at its sole cost and expense, and through an insurance company or through a program of self-funded insurance, Contractor shall maintain professional liability insurance for itself and its professional staff with limits of at least (\$1,000,000) per occurrence and at least (\$3,000,000) in the aggregate. Contractor shall furnish to the Division certificates evidencing this insurance coverage prior to commencing work and prior to the issuance of a Purchase Order. All certificates of insurance shall provide that the insurance company shall give the Division (30) days written notice prior to cancellation or any change in the stated coverage of any insurance

Contractor's insurance carrier shall provide the Division with a waiver of subrogation for all policies.

3.15.3 Training

The Contractor shall submit to the Division's Contract Administrator and keep on file a plan for on-going staff training pertinent to: child and adult mental health; developmental disabilities; substance abuse; disabilities caused by traumatic brain injury; and co-occurring disabilities.

3.16 Performance Standards

If the Contractor approves/authorizes an admission/service based on an incorrect/invalid CON, the Contractor shall reimburse the Division for the payments made to the provider.

If more than fifteen percent (15%) of the Contractor's review decisions are overturned by a hearing officer during any period of twelve (12) consecutive months, the Contractor shall be assessed a penalty equal to twenty percent (20%) of the sum of the invoices for the months in which the erroneous decisions were made.

In cases of erroneous decisions, the Contractor shall reimburse the Division for the service(s) provided in error as well as any other costs resulting from the mistaken authorization, for example, other services, drugs, hospital admissions/discharges, etc.

On an annual basis a random sample of cases (estimated at 2%) will be selected by the Division from the Contractor's database and the Contractor shall send the Division copies of all documentation on the sample cases. In cases of erroneous decisions, the Contractor shall reimburse the Division for the services provided. Erroneous decision shall be determined by overturned hearing decisions, or by identification of approvals for inpatient psychiatric admissions for under twenty one (21) years of age with CONs. Initially reports of review activities shall be sent to the Division on a weekly basis however the Division may chose to vary the frequency depending on the report results. The Division reserves the right to sample as many services as it deems necessary to assure quality.

The Contractor must be able to receive and process authorization requests from providers by paper submissions via surface mail, telephone submissions, and secure electronic submissions including e-mail (Internet) and fax. The Contractor may not limit these options.

3.16.1 Paper Review

Reviews of authorization requests submitted by surface mail shall be completed within one (1) business day following the receipt of the complete request for a hospital admission. The paper submission shall contain contact information sufficient to allow the Contractor to make contact by telephone if the content of the request is unclear or incomplete. The review shall be completed within one (1) business day of receiving any final information required for making a determination. Reviews shall be completed within five (5) business days for all outpatient services. The Contractor shall attain this standard of completing paper reviews at least 93% or more. Compliance shall be monitored by the Division via audits.

3.16.2 Telephone Review

Telephone shall be used for inpatient hospital reviews. Telephone reviews shall generally be completed during the initial contact but shall in no event be completed more than four (4) business hours after the provider's initial contact with the Contractor. If the provider does not have the necessary information at the time of the initial telephone call, the Contractor shall complete the review within four (4) business hours after the Contractor

receives the final information. The Contractor shall attain this standard of completing telephone reviews at least 93% or more. Compliance shall be monitored by the Division via audits.

3.16.3 Electronic Review

The Contractor shall keep a log of all electronic submissions and shall acknowledge receipt of those electronic communications by return e-mail or fax, depending on method of submission, and shall complete its review no later than four (4) hours after the electronic submission is received. The electronic submission shall contain contact information sufficient to allow the Contractor to make contact by telephone if the content of the request is unclear or incomplete. The Contractor shall complete the review within four (4) working hours after the Contractor receives the final information. The Contractor shall attain this standard of completing electronic reviews at least 93% or more. Compliance shall be monitored by the Division via audits.

3.16.4 Record Reviews

If a record review is required, the Contractor shall complete the record review within one (1) working day following the receipt of the necessary records. The Contractor shall attain this standard of completing record reviews at least 93% or more. Compliance shall be monitored by the Division via audits.

3.16.5 Notification

The Contractor shall notify the provider of its decision to approve or deny a service by telephone on the same day the decision is made. Confirmation in writing shall be sent by surface mail within one (1) working day after telephone notification. The Contractor shall attain this standard of communicating notifications at least 93% or more. Compliance shall be monitored by the Division via audits.

3.16.6 Adverse Notification

In the event of an adverse determination, notification of the Contractor's decision shall be mailed to the appropriate parties within one (1) day after telephone notice is given to the provider. DHHS standardized adverse decision notices with appeal rights shall be sent to the individual and his or her guardian by certified mail, with return receipt requested. Copies of adverse decisions shall be mailed to the provider (physician) and to the Division. The Contractor shall attain this standard of communicating adverse notifications at least 93% or more. Compliance shall be monitored by the Division via audits.

3.16.7 Telephone Access

The Contractor shall ensure there are a sufficient number of telephone lines and staff so that all calls can be answered within five (5) rings at least 95% of the time. The Contractor shall monitor and document this standard and report to the Division any deviations.

3.16.8 Provider Representative

The provider representative must be able to return all provider calls received Monday through Friday between 8:00am and 5:00 pm within two (2) business hours of receipt. The Contractor shall monitor and document this response time and report to the Division any deviations greater than 95%.

3.16.12 Confidentiality

The Contractor (including its subcontractors) is required by State and Federal law to maintain the confidentiality of all medical records. The Contractor is entitled to all provider medical records to which the Division itself is entitled under its Contract to reimburse providers for services. Records received by the Contractor shall be shared only with the Division or with other parties approved in writing by the individual or guardian and the Division.

- 3.16.12.1 The Contractor agrees to not use or disclose Protected Health Information other than as permitted or required by the Contract or as Required by Law.
- 3.16.12.2 The Contractor agrees to use appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this Contract.
- 3.16.12.3 The Contractor agrees to mitigate, to the extent practicable, any harmful effect that is known to the Contractor of a use or disclosure of Protected Health Information by the Contractor in violation of the requirements of this Contract.
- 3.16.12.4 The Contractor agrees to report to the Division any use or disclosure of the Protected Health Information not provided for by this Contract of which it becomes aware.
- 3.16.12.5 The Contractor agrees to ensure that any agent, including a subcontractor, to whom it provides Protected Health Information received from, or created or received by the Contractor on behalf of, the Division agrees to the same restrictions and conditions that apply through this Contract to the Contractor with respect to such information.
- 3.16.12.6 The Contractor agrees to provide access, at the request of the Division, to Protected Health Information in a Designated Record Set to the Division or, as directed by the Division, to an Individual in order to meet the requirements under 45 CFR 164.524.
- 3.16.12.7 The Contractor agrees, at the request of the Division, to make any amendment(s) to Protected Health Information in a Designated Record Set that the Division directs or agrees to pursuant to 45 CFR 164.526.
- 3.16.12.8 Unless otherwise prohibited by law, the Contractor agrees to make internal practices, books, and records, including policies and procedures and Protected Health Information, relating to the use and disclosure of Protected Health Information received from, or created or received by the Contractor on behalf of, the Division available to the Division, or to the Secretary of the U.S. Department of Health and Human Services or his/her designee, in a time and manner designated by the Secretary of the U.S. Department of Health and Human Services, for purposes of the Secretary of the U.S. Department of Health and Human Services determining the Division's compliance with the Privacy Rule.

- 3.16.12.9 The Contractor agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for the Division to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR 164.528, and to provide this information to the Division or an Individual to permit such a response.

3.16.13 Provider Appeals, see Appendix E.

3.16.14 Hiring and Training

In addition to having college degrees, all Contractors' review staff shall be trained by the Division in person-centered planning in Raleigh, NC using the Division's approved criteria, (either before hire or within thirty (30) days of hire).

Resumes for all professional staff being considered for hire by the Contractor shall be forwarded to the Division for review and approval. This includes both initial hiring under this Contract as well as the filling of future vacancies. The Division will review and approve or disapprove each proposed staff member.

Interviews with prospective UR staff may be requested by the State agencies.

The initial five (5) months of the Contract, July 1, 2005 through November 30, 2005 shall be used for meeting with the Division and LMEs "deemed" ready to perform utilization review on implementation, planning and scheduling trainings, preparing handouts for the trainings, working with the Fiscal Agent(s) to get the system(s) implemented to accept prior authorization information and claims processing, and interacting with the current Contractor, ValueOptions in order to transition cases near the November 30, 2005 deadline. The Contractor shall take over all utilization review functions from ValueOptions on December 1, 2005.

3.16.15 Audits

The Contractor shall conduct an internal random audit to assess whether they have been conducted in full accordance with established procedures and criteria as part of their internal quality control process. Audits shall be sent to the Division within ten (10) days of completion. From January 1, 2006 through June 30, 2006, audits shall be conducted weekly. Effective July 1, 2006 or before if mutually agreeable, audits shall be conducted monthly.

3.18 Additional Terms and Conditions

3.18.1 Meetings

At the Division's request, the Contractor shall meet with the Division at the Division offices in Raleigh North Carolina or another mutually agreeable site to discuss problems encountered by the Contractor, to review progress, and/or to discuss approaches to problems. Anticipated frequency of meetings/conference calls is quarterly.

3.18.2 Contract Administrator

The Contractor shall designate a single Contract Administrator to be the primary contact with the Division, for all issues regarding this Contract. The Contractor's Contract Administrator shall be available by phone, facsimile, or e-mail, within 24 hours notice.

3.18.3 Data Ownership

The Contractor agrees that data provided by the Division to the Contractor is owned by the Division and shall only be used for the sole purpose of supporting the SOW of this RFP. All data created in any form as part of this RFP shall become the property of the Division and shall be accessible by the Division at any time. All data associated with this Contract shall be transferred to and accepted by the Division prior to final payment to Contractor at the end of the Contract. Under no circumstances shall the Contractor share data with any other entity without prior written authorization by the Division Contract Administrator or designee.

3.19 Technical Architecture and HIPAA

The Contractor shall comply with the North Carolina Statewide Technical Architecture as applied at the DHHS Division of Information Resource Management (DIRM) and Health Insurance Portability and Accountability Act of 1996 (HIPAA). More information about technical architecture may be found at http://ets.state.nc.us/NCSTA/ets_index.html. The Division requires ongoing technical, legal, systems and operational support to its utilization review services.

3.19.1 The Contractor shall provide detailed documentation, to the extent possible, that ensures any technical solution being proposed is in alignment with the NC Statewide Technical Architecture. This shall include, but is not limited to, preliminary design, logical design, and detailed physical design diagram depicting the proposed solutions and touch points into State owned/managed systems.

3.19.2 Required documentation and diagrams shall include all points of ingress and egress, as well as proposed protocol usage between systems for any server, device, or software that interacts, pushes, pulls or otherwise initiates/responds to an electronic connection to a state owned or non state owned system.

3.19.3 In instances where the solution does not comply with the NC Statewide Technical Architecture, the Contractor shall provide detailed documentation as to the Contractor's intended technology direction and technology road map in the areas of non-compliance, as well as exit strategies and migration plans that the Contractor shall adhere to in the event they are awarded this RFP.

3.19.4 The Contractor's staff shall attend HIPAA training to address access/disclosure of data, etc. (privacy and security).

6.0 QUALIFICATIONS REQUIREMENTS OF VENDOR

Each of the following must be addressed and included as a response in the proposal:

6.1 Judgment

The Offeror must provide details of any pertinent judgment, criminal conviction, investigation or litigation pending against the Offeror or any of its officers, directors, employees, agents or subcontractors of which the vendor has knowledge, or a statement that there is none. The Division reserves the right to reject a proposal based on this information.

6.3 Subcontractor's Qualifications

The Contractor shall require subcontractors to comply with all provisions herein. The Contractor shall be held liable for compliance with all duties, functions, credentialing and qualifications required by the RFP, whether performed by the Contractor or a subcontractor.

10. NORTH CAROLINA GENERAL TERMS AND CONDITIONS

10.3 Assignment

No assignment of the Contractor's obligations or the Contractor's right to receive payment hereunder shall be permitted. However, upon written request approved by the issuing purchasing authority, the Division may:

- (a) Forward the Contractor's payment check(s) directly to any person or entity designated by the Contractor, or
- (b) Include any person or entity designated by Contractor as a joint payee on the Contractor's payment check(s).

In no event shall such approval and action obligate the Division to anyone other than the Contractor and the Contractor shall remain responsible for fulfillment of all Contract obligations.

10.4 Subcontracting

The subcontractors identified in the Contractor's proposal are approved by the Division upon award of the Contract. The Contractor shall obtain the prior written approval of the Division before it contracts with any other subcontractors. The Division shall not be obligated to pay for work performed by any unapproved subcontractor. Any approved subcontract shall be subject to all conditions of this Contract. The Contractor shall be responsible for the performance of any subcontractor. If any work under this Contract will be subcontracted or outsourced to other countries, this fact must be disclosed to and approved by the Division beforehand.

10.6 Key Personnel

The Contractor shall not substitute key personnel assigned to the performance of this Contract without prior written approval by the Division. The individuals designated as key personnel for purposes of this Contract are those specified as such in the Contractor's proposal and such others as the parties may agree.

10.7 Indemnity

The Contractor shall hold and save the State, its officers, agents, and employees, harmless from liability of any kind, including all claims and losses accruing or resulting to any other person, firm, or corporation furnishing or supplying work, services, materials, or supplies in connection with the performance of this Contract, and from any and all claims and losses accruing or resulting to any person, firm, or corporation that may be injured or damaged by the Contractor in the performance of this Contract and that are attributable to the negligence or intentionally tortious acts of the Contractor provided that the Contractor is notified in writing within thirty (30) days that the State has knowledge of such claims. The Contractor represents and warrants that it shall make no claim of any kind or nature against the State's agents who are involved in the delivery or processing of Contractor goods to the State. The representation and warranty in the preceding sentence shall survive the termination or expiration of this Contract.

10.8 Beneficiary

Except as herein specifically provided otherwise, this Contract shall inure to the benefit of and be binding upon the parties hereto and their respective successors. It is expressly understood and agreed that the enforcement of the terms and conditions of this Contract, and all rights of action relating to such enforcement, shall be strictly reserved to the Division and the Contractor. Nothing contained in this document shall give or allow any claim or right of action whatsoever by any other third person. It is the express intention of the Division and Contractor that any such person or entity, other than the Division or the Contractor, receiving services or benefits under this Contract shall be deemed an incidental beneficiary only.

10.10 Choice of Law

The validity of this Contract and any of its terms or provisions, as well as the rights and duties of the parties to this Contract, are governed by the laws of North Carolina. The Contractor agrees and submits, solely for matters concerning this Contract, to the exclusive jurisdiction of the courts of North Carolina and agrees, solely for such purpose, that the exclusive venue for any legal proceedings shall be Wake County, North Carolina. The place of this Contract and all transactions and agreements relating to it, and their situs and forum, shall be Wake County, North Carolina, where all matters, whether sounding in contract or tort, relating to the validity, construction, interpretation, and enforcement of this Contract shall be determined.

10.11 Survival of Promises

All promises, requirements, terms, conditions, provisions, representations, guarantees, and warranties contained herein shall survive the Contract expiration or termination date unless specifically provided otherwise herein, or unless superseded by applicable Federal or State statutes of limitation.

10.12 Availability of Funds: The parties to this Contract agree and understand that the payment of the sums specified in this Contract is dependent and contingent upon and subject to the appropriation, allocation, and availability of funds for this purpose to the Division.

10.13 Travel Expenses

The Contractor shall be responsible for all travel mileage, meals, lodging and other travel expenses incurred in the performance of this Contract.

10.14 Care of Property

The Contractor agrees that it shall be responsible for the proper custody and care of any property furnished to it for use in connection with the performance of this Contract or purchased by it for this Contract and shall reimburse the Division for loss or damage of such property. At the termination of this Contract, the Contractor shall contact the Division for instructions as to the dispositions of such property and shall comply with these instructions.

10.15 Access to Persons and Records

The Contractor agrees to provide the North Carolina State Auditor, the Division, the Department of Health and Human Services, all applicable federal agencies, or their agents, with access to persons and records for the purpose of monitoring, evaluating, or auditing this Contract and the Contractor's performance, and for all other purposes required by law, regulation or policy.

10.16 Record Retention

The Department of Health and Human Services' records retention policy requires that all records related to this Contract be retained for a minimum of three years following completion or termination of the Contract and for a period of three years following submission of the final Federal Financial Status Report, if applicable, or three years following the submission of a revised final Federal Financial Status Report. If any litigation, claim, negotiation, audit, disallowance action, or other action involving this Contract has been started before expiration of these retention periods, the records must be retained until completion of the action and resolution of all issues which arise from it, or until the end of the regular three year period, whichever is later. Therefore, Contractor shall not destroy, purge or dispose of records related to this Contract or the Contractor's performance there under without the express prior written consent of the Division.

10.17 Copyrights and Ownership of Deliverables

All deliverable items produced pursuant to this Contract shall be the exclusive property of the Division. The Contractor shall not assert a claim of copyright or other property interest in such deliverables.

10.18. Insurance

During the term of the Contract, the Contractor, at its sole cost and expense, shall provide commercial insurance of such type and with such terms and limits as may be reasonably associated with the Contract. As a minimum, the Contractor shall provide and maintain the following coverage and limits:

(a) Worker's Compensation - The Contractor shall provide and maintain Worker's Compensation Insurance as required by the laws of North Carolina, as well as employer's liability coverage with minimum limits of \$500,000.00, covering all of Contractor's employees who are engaged in any work under the Contract. If any work is sublet, the Contractor shall require the subcontractor to provide the same coverage for any of his employees engaged in any work under the Contract.

(b) Commercial General Liability - General Liability Coverage on a Comprehensive Broad Form on an occurrence basis in the minimum amount of \$1,00,000.00 Combined Single Limit. (Defense costs shall be in excess of the limit of liability.)

(c) Automobile - Automobile Liability Insurance, to include liability coverage, covering all owned, hired and non-owned vehicles, used in connection with the Contract. The minimum combined single limit shall be \$500,000.00 bodily injury and property damage; \$500,000.00 uninsured/under insured motorist; and \$25,000.00 medical payment.

Providing and maintaining adequate insurance coverage is a material obligation of the Contractor and is of the essence of this Contract. All such insurance shall meet all laws of the State of North Carolina. Such insurance coverage shall be obtained from companies that are authorized to provide such coverage and that are authorized by the Commissioner of

Insurance to do business in North Carolina. The Contractor shall at all times comply with the terms of such insurance policies, and all requirements of the insurer under any such insurance policies, except as they may conflict with existing North Carolina laws or this Contract. The limits of coverage under each insurance policy maintained by the Contractor shall not be interpreted as limiting the Contractor's liability and obligations under the Contract.

10.19 Confidentiality

Any information, data, instruments, documents, studies or reports given to or prepared or assembled by the Contractor under this agreement shall be kept as confidential and not divulged or made available to any individual or organization without the prior written approval of the Division.

10.20 Equal Employment Opportunity

The Contractor shall comply with all federal and State laws relating to equal employment opportunity.

10.21 Compliance with Laws

The Contractor shall comply with all laws, ordinances, codes, rules, regulations, and licensing requirements that are applicable to the conduct of its business, including those of federal, state, and local agencies having jurisdiction and/or authority.

10.22 Advertising

The Contractor shall not use the award of this Contract as a part of any news release or commercial advertising.

10.23 Amendment

This Contract may not be amended orally or by performance. Any amendment must be made in written form and executed by duly authorized representatives of the Division and the Contractor. The NC Division of Purchase and Contract and the DHHS Purchase and Contract shall give prior approval to any amendment to a contract awarded through those offices.

10.28 Severability

In the event that a court of competent jurisdiction holds that a provision or requirement of this Contract violates any applicable law, each such provision or requirement shall be enforced to the extent it is not in violation of law or is not otherwise unenforceable and all other provisions and requirements of this Contract shall remain in full force and effect.

10.30 Health Insurance Portability and Accountability Act (HIPAA)

If the Division determines that some or all of the activities within the scope of this Contract are subject to the Health Insurance Portability Act of 1996, P.L. 104-91, as amended ("HIPAA"), or its implementing regulations, Contractor agrees that it shall comply with all HIPAA requirements and shall execute any agreements the Division deems necessary to comply with HIPAA.

10.31 Date and Time Warranty

The Contractor warrants that the product(s) and service(s) furnished pursuant to this Contract ("product" includes, without limitation, any piece of equipment, hardware, firmware, middleware, custom or commercial software, or internal components, subroutines, and interfaces therein) that perform any date and/or time data recognition function, calculation, or sequencing will support a four digit year format and will provide accurate date/time data and leap year calculations. This warranty shall survive the termination or expiration of this Contract.

Table 1
Target - 1 of 2

| | | AMSP M - Severe and Persistent Mental Illness | AMSM I - Serious Mental Illness | AMPA T - Homeless | AMDE F - Deaf or Hard of Hearing | ASCD R - Injecting Drug User/ Communicable Disease | ASCJ O - Criminal Justice Offender | ASDS S - DSS Involved | ASDW I - DWI Treatment | ASHMT - High Management | ASWOM - Women | ASDHH - Deaf and Hard of Hearing | ASHOM - Homeless | ADSN - SNAP | ADMRI - MR/MI |
|--------------|---|--|---|-------------------------|--|---|--|--------------------------------|------------------------------|-------------------------------|------------------|---|---------------------|-------------------|------------------|
| IPRS Code | Service Description - For Target Populations | AMH | AMH | AMH | AMH | ASA | ASA | ASA | ASA | ASA | ASA | ASA | ASA | ADD | ADD |
| 90772 | Medication Administration | x | x | x | x | x | x | x | x | x | x | x | x | x | x |
| 90801 | Clinical Evaluation/Intake | x | x | x | x | x | x | x | x | x | x | x | x | x | x |
| 90802 | Interactive Evaluation | x | x | | x | | | | | | | | | x | x |
| 90804 | Individual Therapy (20- 30 min.) | x | x | x | x | x | x | x | x | x | x | x | x | x | x |
| 90805 | Individual Therapy (20- 30 min.)--MD | x | x | x | | x | x | x | x | x | x | x | x | x | x |
| 90806 | Individual Therapy (45- 50 min.) | x | x | x | x | x | x | x | x | x | x | x | x | x | x |
| 90807 | Individual Therapy (45- 50 min.)--MD | x | x | x | | x | x | x | x | x | x | x | x | x | x |
| 90808 | Individual Therapy (75+ min.) | | | | | | | | | | | | | | |
| 90809 | Individual Therapy (75+ min.)--MD | | | | | | | | | | | | | | |
| 90810 | Interactive Therapy (30 min.) | x | x | | x | x | x | x | x | x | x | x | | x | x |
| 90811 | Interactive Therapy (30 min.)--MD | x | x | | x | x | x | x | x | x | x | x | | x | x |
| 90812 | Interactive Therapy (50 min.) | x | x | | x | x | x | x | x | x | x | x | | x | x |
| 90813 | Interactive Therapy (50 min.)--MD | x | x | | x | x | x | x | x | x | x | x | | x | x |
| 90814 | Interactive Therapy (80 min.) | x | x | | x | x | x | x | x | x | x | x | | x | x |
| 90815 | Interactive Therapy (80 min.)--MD | x | x | | x | x | x | x | x | x | x | x | | x | x |
| 90816 | Individual Therapy (30 min.) - Inpatient/Partial Hospitalization | x | x | | x | x | x | x | x | x | x | x | x | x | x |
| 90817 | Individual Therapy (30 min.)--MD - Inpatient/Partial Hospitalization | x | x | | | x | x | x | x | x | x | x | x | x | x |

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|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 90818 | Individual Therapy (50 min.) - Inpatient/Partial Hospitalization | x | x | | x | x | x | x | x | x | x | x | x | x | x |
| 90819 | Individual Therapy (50 min.)--MD - Inpatient/Partial Hospitalization | x | x | | | x | x | x | x | x | x | x | x | x | x |
| 90821 | Individual Therapy (80 min.) - Inpatient/Partial Hospitalization | | | | | | | | | | | | | | |
| 90822 | Individual Therapy (80 min.)--MD - Inpatient/Partial Hospitalization | | | | | | | | | | | | | | |
| 90823 | Interactive Therapy (30 min.) - Inpatient/Partial Hospitalization | x | x | | x | x | x | x | x | x | x | x | | x | x |
| 90824 | Interactive Therapy (30 min.)--MD - Inpatient/Partial Hospitalization | x | x | | x | x | x | x | x | x | x | x | | x | x |
| 90826 | Interactive Therapy (50 min.) - Inpatient/Partial Hospitalization | x | x | | x | x | x | x | x | x | x | x | | x | x |
| 90827 | Interactive Therapy (50 min.)--MD - Inpatient/Partial Hospitalization | x | x | | x | x | x | x | x | x | x | x | | x | x |
| 90828 | Interactive Therapy (80 min.) - Inpatient/Partial Hospitalization | x | x | | x | x | x | x | x | x | x | x | | x | x |
| 90829 | Interactive Therapy (80 min.)--MD - Inpatient/Partial Hospitalization | x | x | | x | x | x | x | x | x | x | x | | x | x |
| 90846 | Family Therapy without patient | x | x | | x | x | x | x | x | x | x | x | x | x | x |
| 90847 | Family Therapy with patient | x | x | | x | x | x | x | x | x | x | x | x | x | x |
| 90849 | Group Therapy (Multiple Family Group) | x | x | | x | x | x | x | x | x | x | x | x | | |
| 90853 | Group Therapy (non-multiple family group) | x | x | | x | x | x | x | x | x | x | x | x | | |
| 90857 | Interactive Group Psychotherapy | | | | | | | | | | | | | | |
| 90862 | Medication Check-Individual | x | x | x | | x | x | x | x | x | x | x | x | x | x |
| 92506 | Speech Eval | | | | | | | | | | | | | | |
| 92507 | Speech Therapy | | | | | | | | | | | | | | |
| 92508 | Speech Therapy Group | | | | | | | | | | | | | | |
| 96101 | Psychological Testing | x | x | | x | x | x | x | x | x | x | x | x | x | x |

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| 96105 | Aphasia Assessment | | | | | | | | | | | | | | |
| 96110 | Developmental Testing (Limited) | | | | | | | | | | | | | | |
| 96111 | Developmental Testing (Extended) | | | | | | | | | | | | | | |
| 96116 | Neurobehavioral Exam | x | x | | | | | | | | | | | x | x |
| 96118 | Neuropsychological testing battery | x | x | | | | | | | | | | | x | x |
| 97001 | Physical Therapy Evaluation | | | | | | | | | | | | | | |
| 97002 | Physical Therapy Re-Evaluation | | | | | | | | | | | | | | |
| 97003 | Occupational Therapy Evaluation | | | | | | | | | | | | | | |
| 97004 | Occupational Therapy Re-Evaluation | | | | | | | | | | | | | | |
| 97110 | Physical Therapy each 15 min. | | | | | | | | | | | | | | |
| 97112 | Physical Therapy (Neuromuscular re-education) each 15 min. | | | | | | | | | | | | | | |
| 97113 | Aquatic Therapy | | | | | | | | | | | | | | |
| 97116 | Gait Training each 15 min. | | | | | | | | | | | | | | |
| 97124 | Massage Therapy each 15 min. | | | | | | | | | | | | | | |
| 97140 | Manual Therapy each 15 min. | | | | | | | | | | | | | | |
| 97630 | PT and OT Therapy | | | | | | | | | | | | | | |
| 97750 | Physical Performance Testing | | | | | | | | | | | | | | |
| 97761 | Prosthetic Training each 15 min. | | | | | | | | | | | | | | |
| 97762 | Checkout for Orthotic/Prosthetic Use | | | | | | | | | | | | | | |
| 99201 | Evaluation and Management-Problem Focused-New Patient | x | x | x | | x | x | x | x | x | x | x | x | x | x |
| 99202 | Evaluation and Management-Expanded-New Patient | x | x | x | | x | x | x | x | x | x | x | x | x | x |
| 99203 | Evaluation and Management-Detailed-New Patient | x | x | x | | x | x | x | x | x | x | x | x | x | x |
| 99204 | Evaluation and Management-Moderate-New Patient | x | x | x | | x | x | x | x | x | x | x | x | x | x |
| 99205 | Evaluation and Management-High-New Patient | x | x | x | | x | x | x | x | x | x | x | x | x | x |

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| 99211 | Evaluation and Management-Problem Focused-Established Patient | x | x | | | x | x | x | x | x | x | x | x | x | x |
| 99212 | Evaluation and Management-Expanded-Established Patient | x | x | | | x | x | x | x | x | x | x | x | x | x |
| 99213 | Evaluation and Management-Detailed-Established Patient | x | x | | | x | x | x | x | x | x | x | x | x | x |
| 99214 | Evaluation and Management-Moderate-Established Patient | x | x | | | x | x | x | x | x | x | x | x | x | x |
| 99215 | Evaluation and Management-High-Established Patient | x | x | | | x | x | x | x | x | x | x | x | x | x |
| 99221 | Initial Hospital Care Low Severity | x | x | | | x | x | x | x | x | x | x | | | |
| 99222 | Initial Hospital Care Mod Severity | x | x | | | x | x | x | x | x | x | x | | | |
| 99223 | Initial Hospital Care High Severity | x | x | | | x | x | x | x | x | x | x | | | |
| 99231 | Subsequent Hospital Care per Day | x | x | | | x | x | x | x | x | x | x | | | |
| 99232 | Subsequent Hospital Care per Day | x | x | | | x | x | x | x | x | x | x | | | |
| 99233 | Subsequent Hospital Care per Day | x | x | | | x | x | x | x | x | x | x | | | |
| 99234 | Observation or Inpatient Hospital Care, Low Complexity | x | x | | | x | x | x | x | x | x | x | | | |
| 99235 | Observation or Inpatient Hospital Care, Moderate Complexity | x | x | | | x | x | x | x | x | x | x | | | |
| 99236 | Observation or Inpatient Hospital Care, High Complexity | x | x | | | x | x | x | x | x | x | x | | | |
| 99238 | Hospital Discharge Day 30 min or less | x | x | | | x | x | x | x | x | x | x | | | |
| 99239 | Hospital Discharge Day more than 30 min | x | x | | | x | x | x | x | x | x | x | | | |
| 99241 | Office Consultation | x | x | | | x | x | x | x | x | x | x | | | |
| 99242 | Office Consultation | x | x | | | x | x | x | x | x | x | x | | | |
| 99243 | Office Consultation | x | x | | | x | x | x | x | x | x | x | | | |
| 99244 | Office Consultation | x | x | | | x | x | x | x | x | x | x | | | |
| 99245 | Office Consultation | x | x | | | x | x | x | x | x | x | x | | | |
| 99251 | Initial Inpatient Consultation | x | x | | | x | x | x | x | x | x | x | | | |

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|----------|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 99252 | Initial Inpatient Consultation | x | x | | | x | x | x | x | x | x | x | | | |
| 99253 | Initial Inpatient Consultation | x | x | | | x | x | x | x | x | x | x | | | |
| 99254 | Initial Inpatient Consultation | x | x | | | x | x | x | x | x | x | x | | | |
| 99255 | Initial Inpatient Consultation | x | x | | | x | x | x | x | x | x | x | | | |
| 99261 | Follow-Up Inpatient Consultation | x | x | | | x | x | x | x | x | x | x | | | |
| 99262 | Follow-Up Inpatient Consultation | x | x | | | x | x | x | x | x | x | x | | | |
| 99263 | Follow-Up Inpatient Consultation | x | x | | | x | x | x | x | x | x | x | | | |
| H0001 | Alcohol and/or Drug Assessment | x | x | | | x | x | x | x | x | x | x | x | x | x |
| H0004 | Behavioral Health Counseling | x | x | x | x | x | x | x | x | x | x | x | x | x | x |
| H0004-HQ | Behavioral Health Counseling - Group Therapy | x | x | x | x | x | x | x | x | x | x | x | x | x | x |
| H0004-HR | Behavioral Health Counseling - Family Therapy with Client | x | x | x | x | x | x | x | x | x | x | x | x | x | x |
| H0004-HS | Behavioral Health Counseling - Family Therapy without Client | x | x | x | x | x | x | x | x | x | x | x | x | x | x |
| H0005 | Alcohol and/or Drug Group Counseling | x | x | | | x | x | x | x | x | x | x | x | x | x |
| H0010 | Non-Hospital Medical Detox | x | x | x | | x | x | x | x | x | x | x | x | | |
| H0012:HB | SA Non-Medical Community Residential Treatment - Adult | | | | | | | | | | x | | | | |
| H0013 | SA Medically Monitored Community Residential Treatment | x | x | | | x | x | x | x | x | x | x | x | | |
| H0014 | Ambulatory Detox | x | x | x | | x | x | x | x | x | x | x | x | | |
| H0015 | Alcohol and/or Drug SA Intensive Outpatient Program | x | x | | | x | x | x | x | x | x | x | x | | |
| H0019 | Behavioral Health - Long Term Residential | | | | | | | | | | | | | | |
| H0020 | Opioid Treatment | | | | | x | | | | | | | | | |
| H0025 | Behavioral Health Prevention Education Service | | | | | | | | | | | | | | |
| H0031 | Mental Health Assessment | x | x | | | x | x | x | x | x | x | x | x | x | x |
| H0035 | Mental Health - Partial Hospitalization | x | x | | | | | | | | | | | | |

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|----------|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| H0035-HA | Mental Health - Partial Hospitalization - Child | | | | | | | | | | | | | | |
| H0035-HB | Mental Health - Partial Hospitalization - Adult | | | | | | | | | | | | | | |
| H0036 | Community Psychiatric Supportive Treatment - Professional - Individual | | | | | | | | | | | | | | |
| H0036:HA | Community Support: Individual Child | | | | | | | | | | | | | | |
| H0036:HB | Community Support: Individual Adult | x | x | x | x | x | x | x | x | x | x | x | x | | x |
| H0036:HQ | Community Support: Group | x | x | x | x | x | x | x | x | x | x | x | x | | x |
| H0036-HI | Community Psychiatric Supportive Treatment - ECI - Individual | | | | | | | | | | | | | | |
| H0036-HM | Community Psychiatric Supportive Treatment - Para Professional - Individual | | | | | | | | | | | | | | |
| H0036-HQ | Community Psychiatric Supportive Treatment - Professional - Group | | | | | | | | | | | | | | |
| H0036-TL | Community Psychiatric Supportive Treatment - ECI - Group | | | | | | | | | | | | | | |
| H0036-U1 | Community Psychiatric Supportive Treatment - Para Professional - Group | | | | | | | | | | | | | | |
| H0040 | Assertive Community Treatment Program | x | | | | | | | | | | | | | |
| H2011 | Mobile Crisis Management | x | x | x | x | x | x | x | x | x | x | x | x | x | x |
| H2012-HA | Mental Health - Day Treatment - Child | | | | | | | | | | | | | | |
| H2012-HB | Mental Health - Day Treatment - Adult | | | | | | | | | | | | | | |
| H2015:HT | Community Support Team | x | x | x | x | x | x | x | x | x | x | x | x | | |
| H2017 | Psychosocial Rehab Services | x | x | | | | | | | | | | | | |
| H2020 | Residential Treatment - Level II - Program Type (Therapeutic Behavioral Service) | | | | | | | | | | | | | | |
| H2022 | Intensive In-Home Services | | | | | | | | | | | | | | |
| H2033 | Multisystemic Therapy | | | | | | | | | | | | | | |

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|----------|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| H2034 | SA Halfway House | | | | | X | X | X | X | X | X | X | X | | |
| H2035 | SA Comprehensive Outpatient Treatment Program | x | x | | | x | x | x | x | x | x | x | x | | |
| H2036 | Medically Supervised or ADATC Detox | | | | | x | x | x | x | x | x | x | x | | |
| S5145 | Residential Treatment - Level II - Family Type (Foster Care Therapeutic Child) | | | | | | | | | | | | | | |
| S9484 | Facility Based Crisis Service | x | x | | | x | x | x | x | x | x | x | x | x | x |
| S9485 | Facility Based Crisis Service (21-115) | | | | | | | | | | | | | | |
| S9485-HA | Facility Based Crisis Service (0-20) | | | | | | | | | | | | | | |
| T1017-HE | Targeted Case Management - Mental Health | | | | | | | | | | | | | | |
| T1017-HI | Targeted Case Management - Developmental Disability | | | | | | | | | | | | | x | x |
| T1021 | Developmental Therapy Service Professional | | | | | | | | | | | | | x | x |
| T1021-HM | Developmental Therapy Service Paraprofessional | | | | | | | | | | | | | x | x |
| T1023 | Diagnostic Assessment | x | x | x | x | x | x | x | x | x | x | x | x | x | x |
| YA125 | Hourly Respite | | | | | | | | | | | | | | |
| YA213 | Community Respite | | | | | | | | | | | | | | |
| YA230 | Psychiatric Residential Treatment Facility | | | | | | | | | | | | | | |
| YA232 | Room and Board - Level III (1-4 Beds) | | | | | | | | | | | | | | |
| YA233 | Room and Board - Level III (5+ Beds) | | | | | | | | | | | | | | |
| YA234 | Room and Board - Level II (Age 5 or less) | | | | | | | | | | | | | | |
| YA235 | Room and Board - Level II (Age 6-12) | | | | | | | | | | | | | | |
| YA236 | Room and Board - Level II (Age 13+) | | | | | | | | | | | | | | |
| YA237 | Room and Board - Level IV (1-4 Beds) | | | | | | | | | | | | | | |
| YA238 | Room and Board - Level IV (5+ Beds) | | | | | | | | | | | | | | |
| YA241 | Wilderness Camp | | | | | | | | | | | | | | |

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|-------|---|--|--|--|--|--|--|--|--|--|--|--|--|---|---|
| YA254 | Therapeutic Leave - Resid Level II - Therapeutic Foster Care | | | | | | | | | | | | | | |
| YA255 | Therapeutic Leave - Residential Level II/Program Type | | | | | | | | | | | | | | |
| YA256 | Therapeutic Leave - Residential Level III (1- 4 Beds) | | | | | | | | | | | | | | |
| YA257 | Therapeutic Leave - Residential Level III (5+ Beds) | | | | | | | | | | | | | | |
| YA258 | Therapeutic Leave - Residential Level IV (1- 4 Beds) | | | | | | | | | | | | | | |
| YA259 | Therapeutic Leave - Residential Level IV (5+ Beds) | | | | | | | | | | | | | | |
| YA263 | Therapeutic Leave Room and Board - Level III (1-4 Beds) | | | | | | | | | | | | | | |
| YA264 | Therapeutic Leave Room and Board - Level III (5+ Beds) | | | | | | | | | | | | | | |
| YA265 | Therapeutic Leave Room and Board - Level II (Age 5 or less) | | | | | | | | | | | | | | |
| YA266 | Therapeutic Leave Room and Board - Level II (Age 6-12) | | | | | | | | | | | | | | |
| YA267 | Therapeutic Leave Room and Board - Level II (Age 13+) | | | | | | | | | | | | | | |
| YA268 | Therapeutic Leave Room and Board - Level IV (1-4 Beds) | | | | | | | | | | | | | | |
| YA269 | Therapeutic Leave Room and Board - Level IV (5+ Beds) | | | | | | | | | | | | | | |
| YA370 | Specialized Summer Program (WM) | | | | | | | | | | | | | | |
| YM050 | Personal Care | | | | | | | | | | | | | x | x |
| YM450 | Therapeutic Intervention/Crisis Prevention - Ind | | | | | | | | | | | | | | |
| YM451 | Therapeutic Intervention/Crisis Prevention - Grp | | | | | | | | | | | | | | |
| YM550 | Adapt Behav Training | | | | | | | | | | | | | | |
| YM570 | Social Inclusion | | | | | | | | | | | | | | |

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|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| YM580 | Day Supports | | | | | | | | | | | | | | |
| YM600 | Financial Support Services | | | | | | | | | | | | | | X |
| YM645 | Long Term Support | x | x | | x | x | x | x | | x | x | x | | x | x |
| YM686 | Guardianship | | | | | | | | | | | | | | x |
| YM700 | Independent Living-MR/MI | | | | | | | | | | | | | | x |
| YM716 | Individual Supports | | | | | | | | | | | | | | x |
| YM725 | Sup Liv – High | | x | | | x | x | x | x | x | x | x | | x | x |
| YM755 | Family Living – High | | | | | | | | | | | | | x | x |
| YM811 | Supervised Living – 1 Resident | | | | | | | | | | | | | | x |
| YM812 | Supervised Living – 2 Resident | | | | | | | | | | | | | | x |
| YM813 | Supervised Living – 3 Resident | | | | | | | | | | | | | | x |
| YM814 | Supervised Living – 4 Resident | | | | | | | | | | | | | | x |
| YM815 | Supervised Living – 5 Resident | | | | | | | | | | | | | | x |
| YM816 | Supervised Living – 6 Resident | | | | | | | | | | | | | | x |
| YM850 | Residential Supports | | | | | | | | | | | | | | |
| YP010 | Hourly Respite – Individ | x | | | | | | | | | | | | x | x |
| YP011 | Hourly Respite – Group | x | | | | | | | | | | | | x | x |
| YP020 | Per Asst – Individ | | | | | | | | | | | | | x | x |
| YP060 | In-Home Aide | | | | | | | | | | | | | | |
| YP215 | Case Support | | | | | | | | | | | | | | |
| YP230 | Assert Outreach | | | x | x | | | | | | | x | x | | |
| YP340 | Mandated Team Eval | | | | | | | | | | | | | | |
| YP485 | Facility Based Crisis Program - Non-Medicaid | x | x | | | x | x | x | x | x | x | x | x | x | x |
| YP610 | Dev Day | | | | | | | | | | | | | x | |
| YP620 | ADVP | | | | | | | | | | | | | x | x |
| YP630 | Sup Emp – Ind | x | x | | x | x | x | x | | x | x | x | | x | x |
| YP640 | Sup Emp – Group | x | x | | x | x | x | x | | x | x | x | | x | x |
| YP650 | Community Rehabilitation Program (Sheltered Workshop) | x | | | | | | | | | | | | x | x |
| YP660 | Day Activity | | | | | | | | | | | | | | |
| YP690 | Drop In – Attend | x | x | x | | | | | | | | | | | x |
| YP692 | Drop In – Cover | x | x | x | | | | | | | | | | | x |
| YP699 | New Day Service | | | | | | | | | | | | | | |
| YP710 | Sup Liv – Low | x | x | | | x | x | x | | x | x | x | x | x | x |
| YP720 | Sup Liv – Mod. | x | | | | x | x | x | | x | x | x | x | x | x |

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|-------|---------------------|---|---|---|--|---|---|---|---|---|---|---|---|---|---|
| YP730 | Comm Respite | x | | | | | | | | | | | | x | x |
| YP740 | Family Living – Low | x | | | | | | | | | | | | x | x |
| YP750 | Family Living – Mod | x | | | | | | | | | | | | x | x |
| YP760 | GP Liv – Low | x | x | | | x | x | x | | x | x | x | x | x | x |
| YP770 | GP Liv – Mod | x | | | | x | x | x | | x | x | x | x | x | x |
| YP780 | GP Liv – Hi | x | | | | x | x | x | | x | x | x | x | x | x |
| YP790 | Detox – Soc Set | x | x | x | | x | x | x | x | x | x | x | x | | |
| YP820 | Inpat Hosp | x | x | | | x | x | x | x | x | x | x | x | | |

Table 1
Target - 2 of 2

| | | CMECD - Early Childhood Disorder | CMSED - Seriously Emotionally Disturbed with Out-of- Home Placemen t | CMMED - Seriously Emotionally Disturbed | CMDEF - Deaf or Hard of Hearing | CMPAT - Homeless | CSMAJ - MAJORS Program | CSSAD - Child with Substance Abuse Disorder | CSIP - Indicated Prevention | CSSP - Selective Prevention | CSWOM - Women | CSCJO - Criminal Justice Offender | CSDWI - DWI Treatment | CDSN - SNAP |
|--------------|---|---|---|--|--|---------------------|------------------------------|--|-----------------------------------|-----------------------------------|------------------|--|-----------------------------|----------------|
| IPRS Code | Service Description - For Target Populations | CMH | CMH | CMH | CMH | CMH | CSA | CSA | CSA | CSA | CSA | CSA | CSA | CDD |
| 90772 | Medication Administration | x | x | x | | x | x | x | | | x | x | x | x |
| 90801 | Clinical Evaluation/Intake | x | x | x | x | x | x | x | | | x | x | x | x |
| 90802 | Interactive Evaluation | x | x | x | x | | | | | | | | | x |
| 90804 | Individual Therapy (20-30 min.) | x | x | x | x | x | x | x | | | x | x | x | x |
| 90805 | Individual Therapy (20-30 min.)--MD | x | x | x | | x | x | x | | | x | x | x | x |
| 90806 | Individual Therapy (45-50 min.) | x | x | x | x | x | x | x | | | x | x | x | x |
| 90807 | Individual Therapy (45-50 min.)--MD | x | x | x | | x | x | x | | | x | x | x | x |
| 90808 | Individual Therapy (75+ min.) | | | | | | | | | | | | | |
| 90809 | Individual Therapy (75+ min.)--MD | | | | | | | | | | | | | |
| 90810 | Interactive Therapy (30 min.) | x | x | x | x | | x | x | | | x | x | x | x |
| 90811 | Interactive Therapy (30 min.)--MD | x | x | x | x | | x | x | | | x | x | x | x |
| 90812 | Interactive Therapy (50 min.) | x | x | x | x | | x | x | | | x | x | x | x |
| 90813 | Interactive Therapy (50 min.)--MD | x | x | x | x | | x | x | | | x | x | x | x |
| 90814 | Interactive Therapy | x | x | x | x | | x | x | | | x | x | x | x |

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|-------|---|---|---|---|---|--|---|---|--|--|---|---|---|---|
| | (80 min.) | | | | | | | | | | | | | |
| 90815 | Interactive Therapy (80 min.)--MD | x | x | x | x | | x | x | | | x | x | x | x |
| 90816 | Individual Therapy (30 min.) - Inpatient/Partial Hospitalization | x | x | x | x | | x | x | | | x | x | x | x |
| 90817 | Individual Therapy (30 min.)--MD - Inpatient/Partial Hospitalization | x | x | x | | | x | x | | | x | x | x | x |
| 90818 | Individual Therapy (50 min.) - Inpatient/Partial Hospitalization | x | x | x | x | | x | x | | | x | x | x | x |
| 90819 | Individual Therapy (50 min.)--MD - Inpatient/Partial Hospitalization | x | x | x | | | x | x | | | x | x | x | x |
| 90821 | Individual Therapy (80 min.)-- Inpatient/Partial Hospitalization | | | | | | | | | | | | | |
| 90822 | Individual Therapy (80 min.)--MD - Inpatient/Partial Hospitalization | | | | | | | | | | | | | |
| 90823 | Interactive Therapy (30 min.) - Inpatient/Partial Hospitalization | x | x | x | | | | | | | | | | |
| 90824 | Interactive Therapy (30 min.)--MD - Inpatient/Partial Hospitalization | x | x | x | | | | | | | | | | |
| 90826 | Interactive Therapy (50 min.) - Inpatient/Partial Hospitalization | x | x | x | | | | | | | | | | |
| 90827 | Interactive Therapy (50 min.)--MD - Inpatient/Partial Hospitalization | x | x | x | | | | | | | | | | |
| 90828 | Interactive Therapy (80 min.) - Inpatient/Partial Hospitalization | x | x | x | | | | | | | | | | |
| 90829 | Interactive Therapy (80 min.)--MD - Inpatient/Partial Hospitalization | x | x | x | | | | | | | | | | |
| 90846 | Family Therapy | x | x | x | x | | x | x | | | x | x | x | x |

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|-------|--|---|---|---|---|---|---|---|--|--|---|---|---|---|
| | without patient | | | | | | | | | | | | | |
| 90847 | Family Therapy with patient | x | x | x | x | | x | x | | | x | x | x | x |
| 90849 | Group Therapy (Multiple Family Group) | x | x | x | | | x | x | | | x | x | x | |
| 90853 | Group Therapy (non-multiple family group) | x | x | x | x | | x | x | | | x | x | x | |
| 90857 | Interactive Group Psychotherapy | | | | | | | | | | | | | |
| 90862 | Medication Check-Individual | x | x | x | | x | x | x | | | x | x | x | x |
| 92506 | Speech Eval | | | | | | | | | | | | | |
| 92507 | Speech Therapy | | | | | | | | | | | | | |
| 92508 | Speech Therapy Group | | | | | | | | | | | | | |
| 96101 | Psychological Testing | x | x | x | x | | x | x | | | x | x | x | x |
| 96105 | Aphasia Assessment | | | | | | | | | | | | | |
| 96110 | Developmental Testing (Limited) | x | | | | | | | | | | | | x |
| 96111 | Developmental Testing (Extended) | x | | | | | | | | | | | | x |
| 96116 | Neurobehavioral Exam | x | x | x | | | | | | | | | | x |
| 96118 | Neuropsychological testing battery | x | x | x | | | | | | | | | | x |
| 97001 | Physical Therapy Evaluation | | | | | | | | | | | | | |
| 97002 | Physical Therapy Re-Evaluation | | | | | | | | | | | | | |
| 97003 | Occupational Therapy Evaluation | | | | | | | | | | | | | |
| 97004 | Occupational Therapy Re-Evaluation | | | | | | | | | | | | | |
| 97110 | Physical Therapy each 15 min. | | | | | | | | | | | | | |
| 97112 | Physical Therapy (Neuromuscular re-education) each 15 min. | | | | | | | | | | | | | |
| 97113 | Aquatic Therapy | | | | | | | | | | | | | |
| 97116 | Gait Training—each 15 min. | | | | | | | | | | | | | |
| 97124 | Massage Therapy each 15 min. | | | | | | | | | | | | | |
| 97140 | Manual Therapy each 15 min. | | | | | | | | | | | | | |

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| 97530 | PT and OT Therapy | | | | | | | | | | | | | |
| 97750 | Physical Performance Testing | | | | | | | | | | | | | |
| 97761 | Prosthetic Training each 15 min. | | | | | | | | | | | | | |
| 97762 | Checkout for Orthotic/Prosthetic Use | | | | | | | | | | | | | |
| 99201 | Evaluation and Management-Problem Focused-New Patient | x | x | x | | x | x | x | | | x | x | x | x |
| 99202 | Evaluation and Management-Expanded-New Patient | x | x | x | | x | x | x | | | x | x | x | x |
| 99203 | Evaluation and Management-Detailed-New Patient | x | x | x | | x | x | x | | | x | x | x | x |
| 99204 | Evaluation and Management-Moderate-New Patient | x | x | x | | x | x | x | | | x | x | x | x |
| 99205 | Evaluation and Management-High-New Patient | x | x | x | | x | x | x | | | x | x | x | x |
| 99211 | Evaluation and Management-Problem Focused-Established Patient | x | x | x | | | x | x | | | x | x | x | x |
| 99212 | Evaluation and Management-Expanded-Established Patient | x | x | x | | | x | x | | | x | x | x | x |
| 99213 | Evaluation and Management-Detailed-Established Patient | x | x | x | | | x | x | | | x | x | x | x |
| 99214 | Evaluation and Management-Moderate-Established Patient | x | x | x | | | x | x | | | x | x | x | x |
| 99215 | Evaluation and Management-High-Established Patient | x | x | x | | | x | x | | | x | x | x | x |
| 99221 | Initial Hospital Care Low Severity | x | x | x | | | x | x | | | x | x | x | |
| 99222 | Initial Hospital Care Mod Severity | x | x | x | | | x | x | | | x | x | x | |

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|-------|---|---|---|---|--|--|---|---|---|---|---|---|---|---|
| 99223 | Initial Hospital Care High Severity | x | x | x | | | x | x | | | x | x | x | |
| 99231 | Subsequent Hospital Care per Day | x | x | x | | | x | x | | | x | x | x | |
| 99232 | Subsequent Hospital Care per Day | x | x | x | | | x | x | | | x | x | x | |
| 99233 | Subsequent Hospital Care per Day | x | x | x | | | x | x | | | x | x | x | |
| 99234 | Observation or Inpatient Hospital Care, Low Complexity | x | x | x | | | x | x | | | x | x | x | |
| 99235 | Observation or Inpatient Hospital Care, Moderate Complexity | x | x | x | | | x | x | | | x | x | x | |
| 99236 | Observation or Inpatient Hospital Care, High Complexity | x | x | x | | | x | x | | | x | x | x | |
| 99238 | Hospital Discharge Day 30 min or less | x | x | x | | | x | x | | | x | x | x | |
| 99239 | Hospital Discharge Day more than 30 min | x | x | x | | | x | x | | | x | x | x | |
| 99241 | Office Consultation | x | x | x | | | x | x | | | x | x | x | |
| 99242 | Office Consultation | x | x | x | | | x | x | | | x | x | x | |
| 99243 | Office Consultation | x | x | x | | | x | x | | | x | x | x | |
| 99244 | Office Consultation | x | x | x | | | x | x | | | x | x | x | |
| 99245 | Office Consultation | x | x | x | | | x | x | | | x | x | x | |
| 99251 | Initial Inpatient Consultation | x | x | x | | | x | x | | | x | x | x | |
| 99252 | Initial Inpatient Consultation | x | x | x | | | x | x | | | x | x | x | |
| 99253 | Initial Inpatient Consultation | x | x | x | | | x | x | | | x | x | x | |
| 99254 | Initial Inpatient Consultation | x | x | x | | | x | x | | | x | x | x | |
| 99255 | Initial Inpatient Consultation | x | x | x | | | x | x | | | x | x | x | |
| 99261 | Follow-Up Inpatient Consultation | x | x | x | | | x | x | | | x | x | x | |
| 99262 | Follow-Up Inpatient Consultation | x | x | x | | | x | x | | | x | x | x | |
| 99263 | Follow-Up Inpatient Consultation | x | x | x | | | x | x | | | x | x | x | |
| H0001 | Alcohol and/or Drug Assessment | x | x | x | | | x | x | x | x | x | x | x | x |

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| H0004 | Behavioral Health Counseling | x | x | x | x | x | x | x | | | x | x | x | x |
| H0004-HQ | Behavioral Health Counseling - Group Therapy | x | x | x | x | x | x | x | | | x | x | x | x |
| H0004-HR | Behavioral Health Counseling - Family Therapy with Client | x | x | x | x | x | x | x | | | x | x | x | x |
| H0004-HS | Behavioral Health Counseling - Family Therapy without Client | x | x | x | x | x | x | x | | | x | x | x | x |
| H0005 | Alcohol and/or Drug Group Counseling | | x | x | | | x | x | | | x | x | x | x |
| H0010 | Non-Hospital Medical Detox | | | | | | | | | | | | | |
| H0012:HB | SA Non-Medical Community Residential Treatment - Adult | | | | | | | | | | | | | |
| H0013 | SA Medically Monitored Community Residential Treatment | | | | | | | | | | | | | |
| H0014 | Ambulatory Detox | | | | | | | | | | | | | |
| H0015 | Alcohol and/or Drug SA Intensive Outpatient Program | x | x | x | | | x | x | | | x | x | x | |
| H0019 | Behavioral Health - Long Term Residential | | x | | | | | x | | | | | | |
| H0020 | Opioid Treatment | | | | | | | | | | | | | |
| H0025 | Behavioral Health Prevention Education Service | | | | | | | | | | | | | |
| H0031 | Mental Health Assessment | x | x | x | | | x | x | | | x | x | x | x |
| H0035 | Mental Health - Partial Hospitalization | | x | x | | | | x | | | | | | |
| H0035-HA | Mental Health - Partial Hospitalization - Child | | | | | | | | | | | | | |
| H0035-HB | Mental Health - Partial Hospitalization - Adult | | | | | | | | | | | | | |

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| H0036 | Community Psychiatric Supportive Treatment- Professional- Individual | | | | | | | | | | | | | |
| H0036:HA | Community Support: Individual Child | x | x | x | x | x | x | x | | | x | x | x | |
| H0036:HB | Community Support: Individual Adult | | | | | | | | | | | | | |
| H0036:HQ | Community Support: Group | x | x | x | x | x | x | x | | | x | x | x | |
| H0036-HI | Community Psychiatric Supportive Treatment-ECI- Individual | | | | | | | | | | | | | |
| H0036-HM | Community Psychiatric Supportive Treatment-Para Professional- Individual | | | | | | | | | | | | | |
| H0036-HQ | Community Psychiatric Supportive Treatment- Professional- Group | | | | | | | | | | | | | |
| H0036-TL | Community Psychiatric Supportive Treatment-ECI- Group | | | | | | | | | | | | | |
| H0036-U1 | Community Psychiatric Supportive Treatment- ParaProfessional- Group | | | | | | | | | | | | | |
| H0040 | Assertive Community Treatment Program | | | | | | | | | | | | | |
| H2011 | Mobile Crisis Management | x | x | x | x | x | x | x | | | x | x | x | x |
| H2012-HA | Mental Health - Day Treatment - Child | x | x | x | | | x | x | | | x | x | x | |
| H2012-HB | Mental Health- Day Treatment- | | | | | | | | | | | | | |

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|----------|--|---|---|---|---|---|---|---|--|--|---|---|---|---|
| | Adult | | | | | | | | | | | | | |
| H2015:HT | Community Support Team | | | | | | | | | | | | | |
| H2017 | Psychosocial Rehab Services | | | | | | | | | | | | | |
| H2020 | Residential Treatment - Level II - Program Type (Therapeutic Behavioral Service) | x | x | x | | | | x | | | | | | |
| H2022 | Intensive In-Home Services | x | x | x | x | x | x | x | | | x | x | | |
| H2033 | Multisystemic Therapy | | x | x | | | x | x | | | | x | | |
| H2034 | SA Halfway House | | | | | | | x | | | | | | |
| H2035 | SA Comprehensive Outpatient Treatment Program | | | | | | | | | | | | | |
| H2036 | Medically Supervised or ADATC Detox | | | | | | | | | | | | | |
| S5145 | Residential Treatment - Level II - Family Type (Foster Care Therapeutic Child) | x | x | x | | | - | x | | | | | | |
| S9484 | Facility Based Crisis Service | | | | | | | | | | | | | |
| S9485 | Facility Based Crisis Service (21-44) | | | | | | | | | | | | | |
| S9485:HA | Facility Based Crisis Service (0-20) | | | | | | | | | | | | | |
| T1017:HE | Targeted Case Management - Mental Health | | | | | | | | | | | | | |
| T1017:HI | Targeted Case Management - Developmental Disability | | | | | | | | | | | | | x |
| T1021 | Developmental Therapy Service Professional | | | | | | | | | | | | | x |
| T1021:HM | Developmental Therapy Service Paraprofessional | | | | | | | | | | | | | x |
| T1023 | Diagnostic Assessment | x | x | x | x | x | x | x | | | x | x | x | x |
| YA125 | Hourly Respite | x | x | | | | | | | | | | | |
| YA213 | Community Respite | x | x | | | | | | | | | | | |

| | | | | | | | | | | | | | | |
|-------|--|---|---|---|--|--|--|---|--|--|--|--|--|--|
| YA230 | Psychiatric Residential Treatment Facility | | x | | | | | x | | | | | | |
| YA232 | Room and Board - Level III (1-4 Beds) | | x | | | | | x | | | | | | |
| YA233 | Room and Board - Level III (5+ Beds) | | x | | | | | x | | | | | | |
| YA234 | Room and Board - Level II (Age 5 or less) | x | x | x | | | | | | | | | | |
| YA235 | Room and Board - Level II (Age 6-12) | | x | x | | | | x | | | | | | |
| YA236 | Room and Board - Level II (Age 13+) | | x | x | | | | x | | | | | | |
| YA237 | Room and Board - Level IV (1-4 Beds) | | x | | | | | x | | | | | | |
| YA238 | Room and Board - Level IV (5+ Beds) | | x | | | | | x | | | | | | |
| YA241 | Wilderness Camp | | x | | | | | | | | | | | |
| YA254 | Therapeutic Leave - Resid Level II - Therapeutic Foster Care | x | x | x | | | | x | | | | | | |
| YA255 | Therapeutic Leave - Residential Level II/Program Type | x | x | x | | | | x | | | | | | |
| YA256 | Therapeutic Leave - Residential Level III (1-4 Beds) | | x | | | | | x | | | | | | |
| YA257 | Therapeutic Leave - Residential Level III (5+ Beds) | | x | | | | | x | | | | | | |
| YA258 | Therapeutic Leave - Residential Level IV (1-4 Beds) | | x | | | | | x | | | | | | |
| YA259 | Therapeutic Leave - Residential Level IV (5+ Beds) | | x | | | | | x | | | | | | |
| YA263 | Therapeutic Leave Room and Board - Level III (1-4 Beds) | | x | | | | | | | | | | | |
| YA264 | Therapeutic Leave Room and Board - Level III (5+ Beds) | | x | | | | | | | | | | | |
| YA265 | Therapeutic Leave Room and Board - Level II (Age 5 or less) | x | x | x | | | | | | | | | | |
| YA266 | Therapeutic Leave Room and Board - Level II (Age 6-12) | | x | x | | | | | | | | | | |

| | | | | | | | | | | | | | | |
|-------|--|---|---|---|--|---|---|--|--|---|---|---|---|---|
| YA267 | Therapeutic Leave Room and Board - Level II (Age 13+) | | x | x | | | | | | | | | | |
| YA268 | Therapeutic Leave Room and Board - Level IV (1-4 Beds) | | x | | | | | | | | | | | |
| YA269 | Therapeutic Leave Room and Board - Level IV (5+ Beds) | | x | | | | | | | | | | | |
| YA370 | Specialized Summer Program (WM) | | | | | | | | | | | | | |
| YM050 | Personal Care | | | | | | | | | | | | | x |
| YM450 | Therapeutic Intervention/Crisis Prevention – Ind | | | | | | | | | | | | | |
| YM451 | Therapeutic Intervention/Crisis Prevention – Grp | | | | | | | | | | | | | |
| YM550 | Adapt Behav Training | | | | | | | | | | | | | |
| YM570 | Social Inclusion – | | | | | | | | | | | | | |
| YM580 | Day Supports | | | | | | | | | | | | | |
| YM600 | Financial Support Services | | | | | | | | | | | | | |
| YM645 | Long Term Support | | x | x | | | | | | | | | | x |
| YM686 | Guardianship | | | | | | | | | | | | | |
| YM700 | Independent Living-MR/MI | | | | | | | | | | | | | |
| YM716 | Individual Supports | | | | | | | | | | | | | |
| YM725 | Sup Liv – High | | | | | x | x | | | x | x | x | x | |
| YM755 | Family Living – High | | | | | | | | | | | | | x |
| YM811 | Supervised Living – 1 Resident | | | | | | | | | | | | | |
| YM812 | Supervised Living – 2 Resident | | | | | | | | | | | | | |
| YM813 | Supervised Living – 3 Resident | | | | | | | | | | | | | |
| YM814 | Supervised Living – 4 Resident | | | | | | | | | | | | | |
| YM815 | Supervised Living – 5 Resident | | | | | | | | | | | | | |
| YM816 | Supervised Living – 6 Resident | | | | | | | | | | | | | |
| YM850 | Residential Supports | | | | | | | | | | | | | |
| YP010 | Hourly Respite – Individ | x | | x | | | | | | | | | | x |
| YP011 | Hourly Respite – | x | | x | | | | | | | | | | x |

| | | | | | | | | | | | | | | |
|-------|---|---|---|---|---|---|---|---|--|--|---|---|--|---|
| | Group | | | | | | | | | | | | | |
| YP020 | Per Asst – Individ | | | | | | | | | | | | | x |
| YP060 | In-Home Aide | | | | | | | | | | | | | |
| YP216 | Case Support | | | | | | | | | | | | | |
| YP230 | Assert Outreach | | | | x | x | | | | | | | | |
| YP340 | Mandated Team Eval | | | | | | | | | | | | | |
| YP485 | Facility Based Crisis Program - Non-Medicaid | | | | | | | | | | | | | |
| YP610 | Dev Day | | | | | | | | | | | | | x |
| YP620 | ADVP | | | | | | | | | | | | | x |
| YP630 | Sup Emp – Ind | | x | x | | | | | | | | | | x |
| YP640 | Sup Emp – Group | | x | x | | | | | | | | | | x |
| YP650 | Community Rehabilitation Program (Sheltered Workshop) | | | | | | | | | | | | | x |
| YP660 | Day Activity | | | | | | | | | | | | | |
| YP690 | Drop In – Attend | | | | | | | | | | | | | |
| YP692 | Drop In – Cover | | | | | | | | | | | | | |
| YP699 | New Day Service | | | | | | | | | | | | | |
| YP710 | Sup Liv – Low | | | | | | x | x | | | x | x | | x |
| YP720 | Sup Liv – Mod. | | | | | | x | x | | | x | x | | x |
| YP730 | Comm Respite | x | | x | | | | | | | | | | x |
| YP740 | Family Living – Low | | | | | | | | | | | | | x |
| YP750 | Family Living – Mod | | | | | | | | | | | | | x |
| YP760 | GP Liv – Low | | | | | | x | x | | | x | x | | x |
| YP770 | GP Liv – Mod | | | | | | x | x | | | x | x | | x |
| YP780 | GP Liv – Hi | | | | | | x | x | | | x | x | | x |
| YP790 | Detox – Soc Set | | | | | | | | | | | | | |
| YP820 | Inpat Hosp | x | x | | | | | x | | | | | | |

Table 2

| | | AMAO - Assessment and Outreach | ASAO - Assertive Outreach and Screening | ADAO - Assessment and Outreach | | CMAO - Assessment and Outreach | CSAO - Assertive Outreach and Screening | CDAO - Assessment and Outreach |
|-----------|---|---|---|---|--|---|---|---|
| IPRS Code | Service Description - For Non-Target Populations Assertive Outreach | AMH | ASA | ADD | | CMH | CSA | CDD |
| H0001 | Alcohol and/or Drug Assessment | | x | x | | | x | x |
| H0031 | Mental Health Assessment | x | | x | | x | | x |
| YP230 | Assert Outreach | x | x | x | | x | x | x |
| YP340 | Mandated Team Eval | | | | | | | |
| YP690 | Drop In – Attend | x | | x | | | | x |

Table 3

| | | AMCEP - Community Enhancement Program | ASCEP - Community Enhancement Program | ADCEP - Community Enhancement Program | | CMCEP - Community Enhancement Program | CSCEP - Community Enhancement Program | CDCEP - Community Enhancement Program |
|------------------|--|--|--|--|--|--|--|--|
| IPRS Code | Service Description - For Non- Target Populations | AMH | ASA | ADD | | CMH | CSA | CDD |
| YP118 | Disaster/Emergency Services | x | x | x | | x | x | x |
| YP692 | Drop In – Cover | x | | x | | | | x |

Table 4

| | | |
|------------------|---|---|
| | | CDF - Cross- Disability Funded |
| IPRS Code | Service Description - For Non-Client Populations | |
| YP500 | Emergency Coverage | X |

Table 5

| HCPCS Code | Modifier | Description | Tracking-Only Code |
|------------------|---------------|---|--------------------|
| | | | |
| H0004 | HQ | Behavioral Health Counseling - Group Therapy | YP955 |
| H0004 | HR | Behavioral Health Counseling - Family Therapy with Client | YP954 |
| H0004 | HS | Behavioral Health Counseling - Family Therapy without Client | YP954 |
| H0035 | HA | Mental Health - Partial Hospitalization - Child | YP950 |
| H0035 | HB | Mental Health - Partial Hospitalization - Adult | YP952 |
| H0036 | HI | Community Psychiatric Supportive Treatment - ECI - Individual | YP957 |
| H0036 | HM | Community Psychiatric Supportive Treatment - ParaProfessional - Individual | YP960 |
| H0036 | HQ | Community Support: Group | YP959 |
| H0036 | TL | Community Psychiatric Supportive Treatment - ECI - Group | YP958 |
| H0036 | U4 | Community Psychiatric Supportive Treatment - ParaProfessional - Group | YP961 |
| H2012 | HA | Mental Health - Day Treatment - Child | YP951 |
| H2012 | HB | Mental Health - Day Treatment - Adult | YP953 |
| T1017 | HE | Targeted Case Management - Mental Health | YP956 |
| T1017 | HI | Targeted Case Management - Develop Disabil | YP962 |
| S9485 | HA | Facility Based Crisis - Child | YP963 |

| | | | |
|-------|----|---|-------|
| H0012 | HB | SA Non-Medical Community Residential Treatment - Adult | YP965 |
| H0036 | HA | Community Support: Individual Child | YP966 |
| H0036 | HB | Community Support: Individual Adult | YP967 |
| H2015 | HT | Community Support Team | YP968 |
| T1021 | HM | Developmental Therapy Service Paraprofessional | YP969 |